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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

Traditions which are not actively kept alive become vestigial and finally extinct, and yet tradition and convention are powerful forces in the lives of every man no matter to what race or creed he may belong. The British, it is popularly supposed, are more bound by tradition and convention than any other western race and certainly our delight in ceremonial, if nothing else, does much to foster this belief.

Some people find it either fashionable or amusing to be cynical about the value of tradition, but those people whose national or institutional traditions are yet young are often heard to bewail the fact. What is it that such people feel they would gain from a greater weight of tradition?

The values of tradition are intangible in the extreme. Tradition engenders a pride in the Establishment, an *esprit de corps*, and a sense of institutional solidarity and maturity. It also provides a standard for men to live-up-to and so helps them to give of their best.

Bart's, after eight hundred years of service to the sick poor, is endowed with a great weight of tradition and it is pleasant to think that in observing some of them we are paying tribute to the great men of the past to whom the hospital owes so much. The prime example of such tribute is surely View Day—the main social event of the hospital's year. This ancient ceremony, so the Journal informs us (July 1959), dates back to 1586 when the Governors were summoned to attend a View Day which started with a service held at seven o'clock in the morning.

View Day was held this year on Wednesday, May 11th, but, *O tempora, O mores*, where were the hospital Governors? The procession of our new Treasurer, Mr. M. W. Perrin, was sadly depleted. However, it was heartening to see so many of the staff, especially members of the House, in morning dress, and *some* of the ladies put on their garden-party hats despite the uncertainty of the weather.

Those who had come expecting to enjoy the usual hospitality of the wards were to be disappointed. Tea was served in the nurses dining room which, though it was convenient, scarcely matched the elegance of some of the visitors. In consequence the wards received somewhat fewer visitors than usual, and those who ventured past the doors without that cup of tea to convey a sense of security were seen to make a rapid and somewhat embarrassed circuit of the ward, trying hard not to convey to the patients the impression that they resembled animals in a menagerie.

The various official exhibitions, such as medical photography, surgical instruments and hospital archives, were as successful and well-attended as ever, but the student photographic exhibition nearly perished when, with two days to go, there were only four exhibitors and some very large exhibition frames to be filled!

View Day is over for another year. Was it a fitting tribute to the past, or does it need a shot in the arm?

The members of the Abernethian Society enjoyed a rare privilege on Thursday, May 26th, when they gathered in the Great Hall to hear Sir Derrick Dunlop speak on "Changing Fashions in Therapeutics". Of all the hospital buildings the Great Hall is surely the place *par excellance* for fine oratory: Sir Derrick Dunlop more than did it justice.

In the course of his stimulating address Sir Derrick traced the development of several aspects of therapeutics from the time when the physician had only simples culled from the hedgerow to help him in his treatment to the present emergence of a precise science of therapeutics.

Professor Groen, in this month's edition of *The Practitioner* discusses the current situation in respect of the development and usage of psychotherapeutic drugs. "The medical world", he says, "is still not scientifically prepared for the clearly indicated use of tranquilizers, and there is a great discrepancy between the haste and waste with which the chemical industry has put them at our disposal and our understanding of their specific indications and mechanism of action." There is a very real risk in the use of these drugs to palliate symptoms if a thorough search for their underlying causes is omitted.

Lysergic acid diethylamide and mescalin, on the one hand, and the tranquilizers on the other, have opened up the whole concept of a biochemical approach to mental disorders. It is fascinating to speculate on what further advances may stem from this approach both in the fields of psychopathology and the development of other potent psychotherapeutic substances.

Commenting on the responsibilities of doctors who administer drugs that produce marked personality changes, Sir Derrick said that the moral problems to be faced were as great as those involved in the use of atomic energy. Here indeed is food for thought.

This journal like many others has had, in the past, editors who have been driven to speculate in print on the precise functions which they fulfil. Such reflections are not usually the product of an earnest desire to analyse the current situation, but represent, rather, the last-ditch refuge of an editor who approaches his publication date with nothing to say. It was, therefore, with considerable apprehension that the representatives of the Bart's journal attended the conference of journal Editors organised by the B.M.S.J. under the aegis of the B.M.J.

The morning session was devoted to a series of most interesting and stimulating paper speeches. Mr. Percy Cudlipp spoke on the aims of *The New Scientist*, Mr. Charles Macmillan, of E. & S. Livingstone, talked about publishing for the medical profession, and Dr. Hugh Clegg (the Editor of the B.M.J., and a Bart's man) described the history and workings of his journal.

The first afternoon session was devoted to a discussion of "The Functions of the Medical Student Journal". After a couple of somewhat hysterical speeches from the representatives of Belfast and Sheffield, the conference came within an ace of concluding that the journals which it edited were in fact functionless! It is not proposed here to defend Medical Student or even Hospital journals. We conclude from our continued existence that we serve *some* function. If our readers disagree strongly let them write and tell us. We are always open to suggestion!

The last session of the conference was devoted to journal finances. By comparison with other journals of comparable size which come out only four or six times a year, the Bart's Journal, with production

costs in the neighbourhood of £2,250 per annum for twelve issues, seemed to be very reasonably priced. As every student in the hospital receives, or should receive, his or her monthly copy of the journal entirely free (there is no subsidy from the Students' Union) we hope that more Bart's men will, in future, repay the compliment when they leave by becoming regular subscribers. The journal is the best way of keeping in touch with the hospital.

The conference concluded with a most successful dinner given by the B.M.J. to whom we are most grateful, not only for the dinner but for organising such an interesting and enjoyable function.

Rifle Club

The Hospital Rifle Club, it has been announced, is to lose the use of its indoor range below the Medical Records Department. The range, opened in 1908 by Lord Ludlow, has been of inestimable value to the club and an article elsewhere in this issue details the many successes of the club which must be ascribed largely to the enthusiasm engendered by the possession of this unique facility.

It is sad to reflect how tenuous is the hold of the Medical College on its amenities within the hospital, but a programme of expansion within the somewhat rigid confines of the hospital site necessitates the uttermost economy of space. It is understood that the reorganisation of the Records Department will effect a considerable saving of time and effort and the needs of the hospital must of course have priority.

The Rifle Club is trying to find temporary accommodation with one of our neighbouring clubs in the City, and doubtless the members will do their best to ensure that this upheaval does not cause a lowering of their standards. In the meantime it is to be hoped that developments on the Medical College site at Charterhouse Square will soon allow the Club to return from exile.

View Day Ball

The View Day Ball was held on Thursday, May 12th in Quaglino's Ballroom. The Ball Committee's new policy, designed to avoid the financial losses of last year was, as far as the customer was concerned, very successful. It remains to be seen if the books will balance!

Dancing to Bill Savill and his band was from 9 p.m. to 3 a.m., and during the first part of the evening, while supper sittings were in progress, there was plenty of room on the floor for all who wished to dance. Later, however, the floor became more crowded, and the closure of the bar at 2 a.m. led to an uncomfortable jostle.

The Ball, however, had much to recommend it. The venue was pleasant, the band excellent and the food good. The revised hours of dancing may have been one factor which induced some of the senior staff to come—we hope there will be even more next year—and it was pleasant to see so many of the gentlemen in tails. Let's hope it will be as good next time.

News in Brief

It is with deep regret that we record the death of C. M. Hinds-Howell, D.M., F.R.C.P. A Memorial Service was held in the Church of St. Bartholomew-the-Less at 12.30 p.m. on May 26th. Obituary notices of Dr. Hinds-Howell and of the late Sir Archibald McIndo will appear in due course.

The collection in aid of World Refugee Year which was organised by the B.M.S.A. representative has now passed the target of £100. Our thanks are due to all those who contributed so generously.

Professor H. Marvin Pollard of Ann Arbor, Michigan, U.S.A., who is President of the American Gastro-enterological Society gave a lecture entitled "Developments in Problems of Malabsorption" before a large audience in the clinical lecture theatre on May 18th.

Professor Sir James Patterson Ross gave his last lecture to the Medical College on Wednesday, May 25th; his subject was "Tuberculous Lymphadenitis".

Dr. E. F. Scowen and Dr. Frankis T. Evans have been elected Fellows of the Royal College of Surgeons without examination.

Mr. A. H. Hunt has been nominated as a candidate for election to the Council of the Royal College of Surgeons.

Dr. E. B. Strauss spoke to the United Hospitals Catholic Society on the subject of Magic and Scruple on Monday, May 16th. Mr. J. E. A. O'Connell addressed the Society on Moral decisions in Neuro-Surgery on Monday, May 30th.

The University Grants Commission visited the Hospital and Medical College on Tuesday, 24th May.

Miss A. M. Alderson has been appointed Junior Lecturer in Physiology as from 19th April.

Dr. A. J. H. Ellison and Dr. A. Whitworth have been appointed General Practice Clinical Assistants as from July 1st, 1960.

Press Relations

In a recent article in *The Lancet*, Dr. A. W. Franklin discusses the relationship between the Press, the Patient and the Hospital Doctor. Drawing on his recent experiences in the case of the Siamese Twins Dr. Franklin comes to the following conclusions: "It is of the first importance in these days that such an unusual case should be recognised as of legitimate public interest. Preparation must therefore be made as to how the Press is to be handled. A consistent, agreed, and co-operative policy can lead to the establishment of confidence and mutual respect between all parties concerned. Information should be available to reporters to the limit of what is seemly. Professional anonymity cannot be maintained unless the whole of the Press agrees to such a policy.

Without this agreement members of the staff concerned are best safeguarded by the release of some information about what part they play, and availability of photographs would save them from being hunted."

B.M.S.A. Notice Board

On Tuesday, May 3rd, Mr. J. H. Bootes of this hospital, Vice-President of the B.M.S.A. and Chairman of the London Region, received from Mr. Reginald George, Managing Director of Ortho Pharmaceutical Ltd., a token presentation of one of the notice boards which Ortho are donating to 28 member schools of the B.M.S.A.

Mr. George spoke of his firm's interest in the welfare of the medical student and expressed the opinion that future developments in therapeutics will necessitate the closest possible co-operation between the medical profession and the pharmaceutical firms in order that the fullest benefit may be derived from research programmes.

Catholic Society

On Thursday, April 18th, a talk was given by Father Gerrard Rathe of the White Fathers. His subject was the work of the missionaries and doctor in Africa.

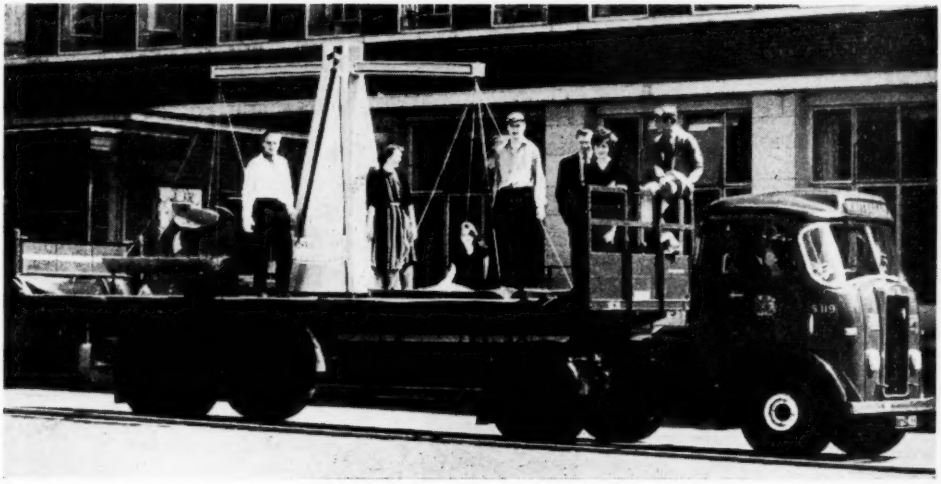
His talk was illustrated by a film "John Guarnisson w.f., Missionary and Doctor". Guarnission is one of the few White Fathers who is also a doctor. The film showed how in his part of Nigeria Guarnisson had built up his own "health service" by delegating as much of his work as possible to others, and especially to the Africans themselves. It was shown how he had taught African nurses to remove cataracts purely as a mechanical procedure. He started his own school of nursing and some of the more able men were given elementary medical instruction. Working from his own centre he established many new centres in outlying villages and staffed them. He himself cycled round from one to the next holding clinics. By his efforts he had ensured that his work would not die with him but rather would flourish.

Father Rathe discussed the qualities required for the Mission fields. He emphasised that much experience was essential as in Africa the doctor might have to make do with just what he could take with him having no hospital or laboratory facilities. It was essential that no one go unprepared to this work.

We were most grateful to Father Rathe for talking to us and showing us such an interesting film.

On Thursday, May 17, we were invited to join the Nurses Catholic Society at a Brains Trust. The distinguished panel was Lord and Lady Pakenham and Mr. and Mrs. Douglas Woodruff. The Chair was taken by Dr. Lawther. The evening was a most stimulating one and we were indeed privileged to hear such brilliant conversation.

E.K.



Float for University Carnival

University Carnival

This year Bart's entered a float for the University Carnival procession for the first time. As the proceeds were for World Refugee Year the theme of the float was "A Penny for Them", and depicted a large pair of scales with pennies in one pan and "refugees" in the other. The Carnival Committee would like to thank all those who helped in any way, especially the firms who gave the materials: Johnstone's Wood Mills, Bowaters, The Daily Express, Whitbreads and Freemans (paint).

London to Brighton Stroll

"I do not regret this journey for it has shown that Englishmen have strength courage and fortitude." (Scott's Diary.)

The London to Brighton Stroll, sponsored by Guiness, is now an annual event, but this was the first year that Bart's had been invited to send representatives. Eighty people from the College left the Tower on the evening of May 21st bound for Brighton. The object of the walk is to get to Brighton within twenty-two hours, thus qualifying for a special necktie (headscarf for the ladies) presented by Guiness. There is no prize for the first man home as this is a purely "social" stroll, the Toucan Trophy is, however, awarded to the hospital which gets the largest percentage of its student population to Brighton. This year Ovaltine presented a cup for the ladies to be awarded on a similar basis.

The stroll was started by H. M. Governor of the Tower of London at 5.55 p.m., the route being over Tower Bridge to the Elephant and Castle, and then along the A23 to Brighton.

By the time the leaders had reached Coulsden the field was spread over seven miles (due largely to the Junior Secretary of the Students' Union who, starting late, was well in the rear) and the Bart's party was doing well, a large number of them marching as a platoon and entertaining the natives with song. With darkness came the rain and the first blisters which were treated at the check point just beyond Coulsden where a van organised by Bart's was feeding our own walkers and any others who needed sustenance.

Midnight found the leaders passing through Redhill and nearing Gatwick—the halfway checkpoint. Here warmth and food dispensed by an all-night cafe proved too much for many and they withdrew from the struggle.

Feeding and looking after the "comfort" of the walkers was now a major problem as the length of the column imposed great strain on our small mobile support team. The food van made three main stops and dispensed hot dogs, drinks and words of comfort to almost the entire field on each

Leaving the Tower of London

occasion, while cars ferried refreshment to Bart's men who were near the head of the column which at one time stretched twenty-eight miles. During the hours of darkness the cars covered nearly 1,500 miles between them and the help and encouragement of their crews and of those who did the catering were invaluable to the walkers. Without such help and inspiration many of them might not have arrived.

The dawn came in a grey mist of rain which obscured the beauties of the South Downs—not that many had any attention to spare from the struggle to finish the course. Blisters and cramp were now taking their toll and one Bart's man who reached the Brighton Gates, only five miles from the finish, with nine hours to go, had to give up on account of cramp.

At 5.45 a.m. M. Bascombe, accompanied by two walkers from Guy's strode up to the finishing line eleven hours and forty minutes after leaving London.

Some walkers nearing the finish were waylaid and interviewed for television. One well-known member of the Rugger Club was seen a few nights later explaining that the condition of his feet would not interfere with his future career!

Bart's did not win the trophy, but they did get the highest percentage of their starters to Brighton. All those who qualified will receive their ties in due course and will also be entertained to dinner by Guiness later in the year.

J. W.

Results:

	Arrivals	Percentage
1. The London Hospital	68	12.6
2. St. Mary's	44	9.8
3. Guy's	93	9.2
4. Bart's	42	8.0
5. St. Thomas's	23	6.0

The Ladies' Trophy was won by St. Mary's.

Marching Song

(with apologies to G. K. Chesterton)

At six o'clock one chill May night from out the Tower strode
Through streets and suburbs, on and on, to reach the open road
Five hundred students, some in strange and singular attire
Bedaubed with woad like ancient Britons. On through mud and mire
They walked. At first they talked and sang—the air was full of sounds
The night they went to Brighton Pier across the rolling Downs.

"On such a night as this"—so Shakespeare fancifully told,
But that was warm and full of stars; this was wet and cold.
"My friends we will not go again next year", so rang the cry,
As grey succeeded blackness in the eastern morning sky.
And still they marched with blistered feet as the early cockerel's crowed,
The night they went to Brighton Pier along the Brighton Road.

But memories of aching legs and painful feet will fade.
This time next week they will be glad that the attempt was made.
And though they swear they'll go no more whatever might forbode
And curse the English drunkard for his rolling English road,
They'll leave again though rain pour down and clouds of thunder lower
One night to go to Brighton Pier from London's ancient Tower.

Fifty Years Ago

Mrs. A. E-, aet. 38 years, was admitted to Paget Ward on February 26th, 1909, complaining of a faecal discharge from an opening in the right groin.

She was a healthy-looking woman, and except for the sinus in the right groin, no abnormalities in any of her "systems" could be discovered.

The following history was obtained: She noticed a "rupture" on the right side in May 1908, and this became painful in June. She was advised to wear a truss by her doctor, and wore one for two months. Towards the end of this time the lump which she had noticed in May became red, hot, painful, and swollen, and was opened by her doctor as an abscess. The cavity contained foul-smelling pus, and in a few days faecal matter was discharged from the opening, and it was the constant escape of this material which brought her to Hospital.

On admission, a small opening, with the usual pouting edges, and admitting a No. 12 catheter, was found in the right groin at the situation of the external abdominal ring.

On March 1st of that year Mr. Power decided to dissect out, and, if possible, close the sinus. An oval incision was made round the opening, but no trace of the loop of intestine which was expected could be found; the sinus led into the external abdominal ring, and the tubular structure was found to be attached to the caecum, and near it a definite mesentery was discovered. The inguinal canal was opened up freely, the caecum drawn down as far as possible, and the tube which was evidently the appendix, removed in the usual way.

What had happened was, apparently, this: The patient had a hernia sac, which she noticed first in May; the appendix had prolapsed into it, and probably from the pressure of the truss, had acquired an attachment to the wall of the sac. Later, from the same cause, it became inflamed, and an abscess formed in the sac. This was opened by the doctor, and faeces continued to be discharged from an opening in the appendix.

After the operation the patient made an uninterrupted recovery, and was discharged cured on March 28th, 1909.

The interest of the case lies, I think, in two points: first, the presence of the appendix in the hernial sac, and, secondly, the formation of a natural appendicostomy which in this case, at any rate, performed no useful function.

Overheard

In the square:

. . . "Yes, Prof. Garrod put two female goldfish in the Fountain to encourage them to breed."

"That's no good—you need a gravel bottom for breeding."

"Have you got a gravel bottom?"

"No, I manage allright without."

On View Day:

E. G. T. to ex-Pink—"I never recognise nurses without their clothes."

CALENDAR

JULY

Sat. 2—On duty: Medical and Surgical Units
Mr. G. H. Ellis
Cricket v. U.C.S. Old Boys (H) 2.30.
Tennis v. London (H)
Cricket Club Dance
Henley Royal Regatta, Finals
Sun. 3—Cricket v. The Past (H) 11.30
Mon. 4—National Rifle Association Imperial Meeting
Fri. 8—U.H. Rifle Club competition
Sat. 9—On Duty: Dr. R. Bodley Scott
Mr. A. H. Hunt
Mr. F. T. Evans
Cricket v. Incogniti (H) 11.30
Sun. 10—Cricket v. Hampstead (H) 11.30
Tues. 12—National Clinical Conference B.M.S.A.
Wed. 13—Students' Union Meeting
N.C.C. (Mr. Tubbs lecturing)
Fri. 15—N.C.C. Dinner
Sat. 16—On duty: Dr. A. W. Spence
Mr. C. Naunton Morgan
Mr. R. A. Bowen
Cricket v. Nomads (H) 2.30
Association Football Club Dinner
N.C.C. closes
Sun. 17—Cricket v. Dartford (H) 11.30
Sat. 23—On duty: Dr. G. W. Hayward
Mr. A. W. Badenoch
Mr. R. W. Ballantine
Cricket, inter-firm 6-a-side and Dance at Chislehurst
Sun. 24—Cricket v. R.N.V.R. (H) 11.30
Sat. 30—On duty: Dr. E. R. Cullinan
Mr. J. P. Hosford
Mr. C. Langton Hewer
Sun. 31—Cricket Club Tour begins

Changes of Address

DR. L. I. M. CASTLEDEN, 43 Parkside, Mill Hill, N.W.7. Tel: MIL 1797.

DR. DOUGLAS S. PRACY, 36 Birchington Road, London, N.8.

DR. MICHAEL E. GLANVILLE, Jocelyn House, 18 High Street, Chard, Somerset. Tel: 3380.

DR. JOHN SPENCER, Glentarras, Nursery Road, Loughton, Essex.

ANNOUNCEMENTS

Engagements

ANDREWES—WOODD.—The engagement is announced between Dr. David Anthony Andrewes and Katharine Woodd.

CHURCH—BEE.—The engagement is announced between Dr. Robin Birdwood Church and Joan Mary Bee.

COLLIER—JOSEPH.—The engagement is announced between Leonard Joseph Collier and Marilyn Jeanette Joseph.

PRICE—COVERDALE.—The engagement is announced between Dr. John Scott Price and Clare E. M. Coverdale.

WALLER—BRODRIBB.—The engagement is announced between James O. Waller and Anne S. Brobribb.

Marriage

HADFIELD—SLEIGH.—On May 21st, at St. Bartholomew-the-Great, Geoffrey John Hadfield, F.R.C.S., to Beryl Sleigh.

Births

BENCH.—On April 27th, to Jacqueline, wife of Surg-Lieut. John Bench, R.N., a son.

COOLE.—On May 15th, to Prilla and Dr. Colin W. Coole, a daughter (Helen Elizabeth).

GRAY.—On April 11th, to Rosemary June, wife of Dr. Anthony J. Gray, a daughter.

LAMMIMAN.—On April 26th, at David Bruce Hospital, Malta, to Sheila and Surg-Lieut. David Lammiman, R.N., a son (Robert Nicholas Anthony) brother for Christopher.

MILLARD.—On May 2, to Rosemary, wife of Capt. John Millard, R.A.M.C., a daughter.

MORLEY.—On May 3, to Elisabeth and Dr. David Morley, a son (Peter Thomas).

ROGERS.—On May 6, to Pamela, wife of Lieut. Col. N. C. Rogers, R.A.M.C., a son.

Deaths

FRIEND.—On April 24th, Dr. Francis Friend. Qualified at Bart's 1941.

HINDS-HOWELL.—On May 9, Dr. Conrad Meredyth Hinds-Howell, aged 83. Qualified 1903.

LONG.—On May 1st, Dr. William Christopher Long. Qualified 1889.

ROWDEN.—On March 28th, Grace Emily Rowden, aged 90. One-time Sister at Bart's.

WATERFIELD.—On April 27th, Noel Everard Waterfield, O.B.E., M.B., F.R.C.S., aged 80. Qualified 1902

Research at Bart's

DEPARTMENT OF SURGERY

Research in the Department of Surgery may be divided into the investigations in which clinical methods alone are employed, and those in which the somewhat more exact techniques of basic medical science are used. The former may be styled "Clinical Research", and the latter "Surgical Science" which can again be subdivided into experimental surgery on animals, and the use of laboratory methods to examine patients before and after operation. It may be said that many surgical operations, particularly those undertaken to rectify disorders of function, are experiments in human physiology; and if the function of the affected organ is carefully studied before and after operation this kind of surgery can rightly be regarded as research. The claim made long ago by Sir James Paget still holds true —"within our range of study, that alone is true which is proved clinically, and that which is clinically proved needs no other evidence".

1. CLINICAL RESEARCH

(*a*) *Investigation*

Clinical investigation includes radiography when it is employed to elucidate a rare or obscure disease. A good example is Mr. Hunt's investigation of the portal circulation using either portal or splenic venography, which can be of vital importance in deciding what to do for portal hypertension and in demonstrating thrombosis of the portal vein. Mr. Hunt has now done about 290 portal venograms and 140 splenic venograms.

Angiography is being employed by Mr. Birnstingl on selected patients with the most peripheral form of obliterative arteritis affecting the digital vessels in the hands. Such patients are commonly sent to Hospital for "Raynaud's disease", and the clinical or radiographic appearances are being correlated with the histology of the small arteries in the hope of discovering what the nature of the disease may be and so enabling us to recognize it on clinical criteria alone.

Mr. Naunton Morgan is undertaking a diagnostic study of Crohn's disease affecting the colon, the aim being to differentiate it from ulcerative colitis before operation. In the same Unit Mr. Keynes is collaborating with Dr. Trapnell of the X-ray Department in seeking for examples of hypertrophic pyloric stenosis in adults, barium meal examinations being correlated with operative and pathological findings.

Bilateral renal calculi are being investigated by Mr. Badenoch, and a clinical study of fatal pulmonary embolism is being made by Mr. Taylor. These conditions are being approached from the same point of view, for in each an analysis is being made of the factors concerned in their production, with prophylaxis as the ultimate objective.

(*b*) *Therapeutic*

Any critical clinician must be constantly assessing the value of different methods of treatment, but when an intensive study is made by someone who is taking a special interest in treating a series of patients according to a well-defined plan the work deserves to be regarded as research.

A number of these studies are no more than a critical "follow-up" of patients suffering from a given disease treated according to an agreed system but not necessarily by the same method in every case. Such are the follow-up of carcinoma of the rectum and colon by Mr. Naunton Morgan who has been practising high litigation of the inferior mesenteric vessels in order to remove the widest possible lymphatic field—the value of the method should be assessable within the next three years; of carcinoma of the skin, and carcinoma of the upper jaw by Mr. Alan Hunt; and of carcinoma of the stomach by Mr. Robinson. This form of research yields important information about the natural history of the diseases under review, and is essential as an indicator of the value of certain forms of treatment.

In a slightly different category are the diseases each one of which is being treated by a standard method, the aim being to assess the exact value of that particular form of treatment. In this group we place Mr. Badenoch's work on the effects of indirect irradiation with the cobalt bomb upon carcinoma of the bladder, and also his assessment of the results of pyeloplasty for hydronephrosis; Mr. Keynes's trial of yet another operation for femoral hernia; and Mr. Hadfield's evaluation of primary or prophylactic

oophorectomy as an adjunct to adequate local treatment in women before the menopause who have operable but locally advanced cancer of the breast.

A third group under this main heading includes therapeutic trials, methods of treatment the results of which have to be carefully followed and assessed, sometimes with the dual purpose of elucidating the nature of the disease as well as evaluating the treatment. Mr. Alan Hunt's work on portal hypertension comes into this category for he is both treating the disease and also studying the associated disorders of the liver. We should include Mr. Nash's investigation and treatment of children suffering from urinary disorders complicating malformations of the spinal cord, and from other congenital urological lesions; Mr. Badenoch's treatment of chronic interstitial cystitis, particularly in women, using intravesical intramuscular injections of hydrocortisone followed by the administration of cortico-steroids; Mr. Taylor's enquiry into the relationship of the size of the thyroid remnant after partial thyroidectomy to the post-operative metabolic state in which he uses plastic moulds made at operation to measure the size of the remnant, and also his clinical studies of the use of by-pass grafts in severe occlusive arterial disease, and two studies of breast cancer, one by Mr. Keynes in which he is using cortico-steroids partly for the treatment of metastases, and partly as a test to determine whether endocrine surgery is indicated, and the other by Mr. Hadfield on the effects of surgical removal of the ovaries, or the adrenal glands, or the pituitary body upon patients with metastatic breast cancer, correlating the clinical course of the disease with estimations of various hormones after these operations. There is one further piece of work by Mr. Hadfield which may properly be included here, namely the effect upon the mammary gland of radical excision of the main ducts close beneath the nipple for the treatment of the complications of non-malignant obstruction of these ducts. The operation is successful because of the consequent atrophy of the secreting tissue of the gland.

II. Surgical Science

(*a*) *Animal Experiments*

A great deal of experimental work on animals has been carried out in the department of thoracic surgery and this is so important that it demands a special report and will not be included here. Almost all the rest of the animal work has been done by members of the Surgical Unit. It is unfortunate that the demands of routine duties and our limited laboratory space make it difficult for Chief Assistants on the non-professorial Units to undertake this kind of surgical research though it has long been the desire and in fact the aim of the Directors of the Units to expand the space in the Dunn Laboratories or elsewhere so as to enable any member of the Department of Surgery to have access to an experimental laboratory and the necessary technical assistance, but their efforts up to date have not met with much success, though there are some indications of better things to come.

The object of one group of experiments has been to study a certain operation in animals in order to deduce what is likely to occur when the same procedure is performed in man. Mr. Taylor has been studying the reactions in dogs to plastic protheses used to replace segments of arteries in the hope of determining the fate of such protheses when they replace diseased segments of human arteries.

Most of the animal work, however, is experimental pathology involving attempts to reproduce and study in animals certain pathological processes encountered in man. Mr. Taylor, with the help of Dr. Shooter and his assistants, has been investigating the problem of post-operative wound infection by determining the minimum dose of staphylococci which will produce a wound infection, and then varying the local conditions in the wound and the constitutional state of the animal (including alterations in diet) to study the effect of these factors upon the minimum infecting dose.

Mr. Birnstingl has been continuing the study of pancreatitis which he started several years ago in San Francisco. He has been ligating the pancreatic ducts of dogs and rabbits and using operative pancreatography and histological methods to estimate the changes in the ducts and in the gland parenchyma resulting from obstruction. He has also given rabbits large doses of calciferol thus inducing a state of hypercalcaemia, and in such animals pancreatic calculi have developed in the presence of duct obstruction. In a third group of experiments he has been studying the effects of administering the amino acid dl-ethionine to rats and rab-

bits; he has observed that these animals develop widespread pancreatic lesions which are fatal and show the histological appearances of a specific acinar necrosis.

Mr. Birnstingl has undertaken two other groups of experiments. In one he has been trying to reproduce hypertrophic pulmonary osteoarthropathy in dogs by constructing atrio-caval venous shunts, anastomosing the inferior or superior vena cava to the left atrium. A sufficient number of his dogs have survived this hazardous operation to enable him to study the development of the characteristic changes in the extremities. In the other experiments he has been investigating antigen-antibody reactions in the intestinal mucosa by administering extracts of intestinal mucosa mixed with an adjuvant to rats and examining their serum for precipitins and also their intestinal mucosa histologically for evidence of an antigenic response. Thus far these experiments have failed to show any evidence of such a response.

In addition to these several pathological studies Mr. Hadfield has been making an experimental study of the physiology of the mammary gland using hypophysectomized rats and intact mice. He has shown how growth of the mammary gland can be enhanced by giving human pituitary extract, oestrone or progesterone, singly or in combination. Hypophysectomy, adrenalectomy and castration have the opposite effect.

(*b*) *Clinical Science*

The methods of the laboratory can be employed in the study of patients and investigations of this kind have been collected into a fourth group.

The studies of liver function in which Dr. Lehman has collaborated with Mr. Hunt should be included by virtue of the biochemical estimations involved—the serum albumin, pseudocholinesterase and the transaminases. Mr. Hunt's measurements of the speed of flow in the portal vein using radioactive sodium provided quite useful scientific information, and can rightly be placed under this heading.

Mr. Taylor and his Research Assistants have been carrying out several investigations upon patients which have required laboratory techniques. One was designed to study the aetiology, pathology, and clinical aspects of primary lymphoedema and included lymphangiography, the study of the lymphatic circulation using radio-active plasma protein, and of the protein content of oedema fluid in lymphoedema. Attempts were made to reproduce lymphoedema in animals but in comparison with the investigation of patients these experiments were relatively unrewarding.

Another extremely interesting piece of work is concerned with the measurement of tissue oxygen availability in ischaemic skin using the microelectrode polarographic technique. The importance of these observiations lies in the additional and more exact information they can provide as a guide to prognosis and treatment when gangrene appears to be imminent.

Furthermore, when peripheral vascular disease has resulted in arterial occlusion, alterations in arterial pressure in main vessels distal to the occlusion are being studied before and after operations for arterial grafting, the pressure measurements being made with a capacitance manometer.

Mr. Todd is continuing the studies of bowel physiology (in particular motility) which he started in Toronto.

Mr. Keynes is making a study of the lymphatics of the colon and rectum in which he attempts to inject the lymphatics of the portions of the bowel to be excised, and then by using microradiographic and histological techniques he is relating the topography of the lymphatic vessels to the pathological process.

Mr. Keynes is also interested in seeking for cases of hyperparathyroidism, with special reference to the diagnostic value of changes in the metabolism of phosphorus.

Before Mr. Paten Philip left for the United States he was investigating a feminizing tumour of the testis, and in the course of this study he was greatly assisted by Mrs. Robinson in the Department of Biochemistry.

Mr. Birnstingl, in addition to the animal experiments already mentioned, has been studying chronic pancreatic disease in patients and also in autopsy specimens by injection and histological methods, and has been led to make certain deductions about the importance of recognizing that some examples of "chronic pancreatitis" may be the result of cancerous obstruction of the ducts. He has also used a similar method of combining injection and microscopy to investigate the arteriographic variations and the incidence of organic occlusion of the digital arteries in 100 necropsy specimens obtained from subjects without ischaemic symptoms during life. He has used these findings as a

form of "control" in his clinical study of digital arterial disease to which reference has already been made.

Finally there are the investigations which Mr. Hadfield has been making of patients with gynaecomastia with a view to obtaining further information about the part played by hormones in the growth and function of the mammary gland.

I feel that I owe an apology to any readers of this article because it offers merely a catalogue of the many items of research being undertaken in the Department of Surgery without providing sufficient detail to indicate the real interest and importance of the work. It must be obvious, however, that the article is already very long, and to make it still longer would have made it unacceptable. It should at least indicate what is being done and it is to be hoped that if any reader of the Journal wants to know more about any particular research problem he will not hesitate to go and ask the person concerned to show him and tell him about the work.

J. P. R.

Examination Results

UNIVERSITY OF OXFORD

2nd B. M. Examination—Hilary Term 1960
Special & Clinical Pathology

Cawdery, J. E.
Waring, A. M.
Meade, T. W.

UNIVERSITY OF CAMBRIDGE

Examination in Pharmacology—Lent Term 1960
Passed:

Jailler, J. M.
Wood, E. M.

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees March 1960

Aldis, P. W.
Bridger, C.
Clarke, J. M.
Dudley, N. E.
Gleadle, R. I.
Hadley, D. A.
Jennings, M. C.
Latham, D.
Lettington, W. C.
Lofti, D.
Pain, V. M.
Phillips, J. D.
Powles, T. J.
Richards, C. J.
Rauoss, C. F.
Shinebonrne, E. A.
Stephens, A. D.
Ware, E. A. S.
Wilson, R. G.
Amir-Ahmadi, H.
Caine, P. W.
Coates, O. A.
Dupré, P. C.
Glover, D. N.
Hardy, J. D.
Knight, A. H.
Layton, D. C.
Lewis, A. A. M.
Maw, A. R.
Phaure, T. A. J.
Poore, P. D.
Pusey, J. H.
Robertson, A.
Salole, R. M.
Snow, M. G.
Tam, Y. D.
Whyatt, N. D.
Wise, K. S.
Austin, A. J.
Chant, A. D. B.
Doran, B. R. H.
Gardner, Z. N. C.
Gurry, B. H.
Hilton, A. M. B.
Lageard, V. M. E.
Leaver, P. K.
Lopez, J. T.
Minns, S. A.
Phillips, H.
Powles, R. L.
Ratcliffe, R. M. H.
Rolfe, M.
Scriven, P. C.
Stanley, P.
Waller, J. O.
Williams, C. R.

CONJOINT BOARD

First Examination—March 1960

Pharmacology—Passed:

Evison, P. R. H.
Janosi, M.
Anthony, P. P.
Welch, D. M.
Katjer, T.
Hadley, R. M.

Final Examination, April 1960
Pathology

Griffiths, C. J. Evison, P. R. H.

Medicine

Weaver, P. C. Pettavel, J. P.
Hadley, R. M. Hijazi, H. K.
Pemberton, M. J. Cassell, P. G.
Mackenzie Ross, R. K. Musgrove, J. S.
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Weaver, P. C. Roles, W.
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Tufft, I. J. Bonner-Morgan, B. M.
Pettavel, J. P. Gletsu, A.
Fasan, P. O.

Midwifery

Weaver, P. C. Fasan, P. O.
Mercer, J. D. Goodchild, M. C.
Craggs, J. C. Pettavel, J. P.
Bonner-Morgan, B. M. Hijazi, H. K.
Cassell, P. G. Arnold, J.
Musgrove, J. S. Almeyda, J. J. R.

The following have completed the examination for the Diplomas M.R.C.S., L.R.C.P.

Weaver, P. C. Roles, W.
Musgrove, J. S. Davies, R. N.
Bonner-Morgan, B. M. Pettavel, J. P.
Tufft, I. J. Fasan, P. O.
Almeyda, J. J. R. Gletsu, A.
Cassell, P. G. Arnold, J.
Pemberton, M. J.

Rupture of the Spleen

by D. A. MACFARLANE

The pathological spleen not infrequently ruptures. Splenomegaly results in loss of the normal protection afforded by the bony cage, and increased vascularity, friability and peri-splenitis allow damage from external trauma. Injury is often minimal in the enlarged spleen of malaria, leukaemia or infective mononucleosis. The normal spleen well guarded anatomically is less liable to damage which usually follows severe and crushing injuries, perhaps associated with other conditions such as fractured ribs or ruptured kidney. Less commonly the trauma is slight and even " spontaneous rupture " has been recorded. The typical case is generally obvious but the insidious onset in some may mislead patient and physician until the signs of blood loss become grossly apparent.

The incidence of ruptured spleen is low ; 0.1 to 0.2 per cent in urban communities, and Sir James Learmonth (1951) stated he only had experience of one case. Several years ago the author was fortunate enough to deal personally with seven cases of ruptured spleen and had knowledge of five others, all from a medium-sized hospital of 340 beds in South Wales during a period of eight years. Although it only drained a population of approximately 120,000, the close proximity of colliery and arterial road may have account in part for the high incidence. In view of this experience it has been considered worthwhile to emphasise certain aspects of presentation and thereby facilitate early diagnosis in a lesion occasionally overlooked and yet responding well to prompt surgical attention.

Pathology :

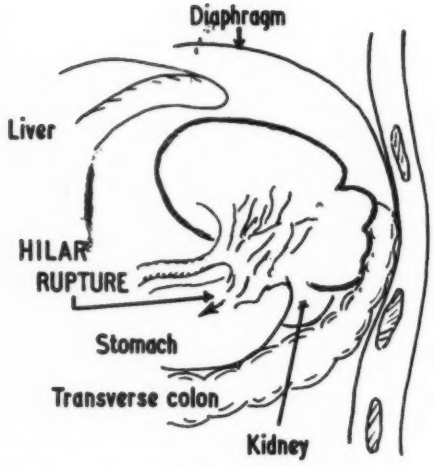
Injury to the spleen may follow a penetrating or non-penetrating wound or occur unintentionally during surgical procedures in the vicinity, e.g. partial gastrectomy. In civilian life non-penetrating violence is more often the cause than a penetrating force and was responsible for all twelve cases in the present series, where two were due to motor car accidents, two occurred underground and the remainder were from miscellaneous causes.

The type of injury is generally moderate or severe and directed towards the region of the spleen. Seventy-five per cent of the present series fell into this category and the degree of severity of trauma may be gauged from the following example.

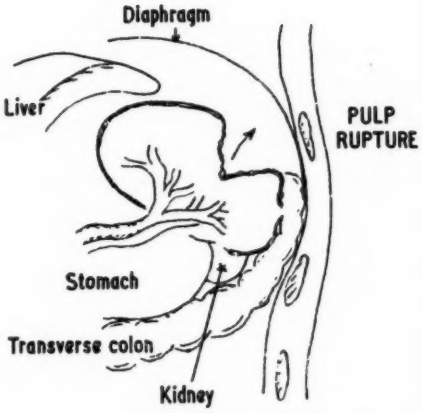
I.W., aged 50 years, was an underground worker in a neighbouring coal mine. Whilst at the coal face movement of the supporting framework resulted in a heavy mass of coal falling on to his back. He was transported a mile underground before being brought to the surface and admitted to hospital. Pain was considerable and shock and pallor apparent. The blood pressure was 90/70 mms. Hg. Examination of the abdomen revealed marked tenderness and guarding in the left hypochondrium together with tenderness in the hypogastrium. Bowel sounds were normal and there was no abnormality on rectal examination. Movements of the left leg were painful and limited with tenderness over the greater trochanter. Fracture of the neck of the left femur was confirmed by X-ray. Rapid transfusion with two pints of blood improved his general condition and laparotomy was undertaken. A ruptured normal spleen was found together with a division in the mesentery of the distal ileum. Approximately one foot of devitalised bowel was resected and splenectomy performed. Unfortunately he succumbed eight days later from a further intestinal obstruction.

On occasions the amount of trauma appears slight and yet rupture follows. The explanation may lie in an unusual degree of fixity of the organ by peri-splenic adhesions from previous inflammation or even minor injury. In other instances an excessively mobile spleen may undergo torsion as a result of congestion with final rupture when slightly injured. Such minor trauma was responsible in the following case.

A.Q., a young soldier of 18 years, whilst stacking sandbags, felt a pain in the left hypochondrium three days before admission to hospital. It was not severe and he did not report sick until six hours later when he had finished his duties. His general condition was good, but because of guarding and slight tenderness in the left hypochondrium his Medical Officer admitted him to the Sick Bay. Persistence of this sign was responsible



Hilar rupture



Pulp rupture

for sending him to hospital but during transportation by ambulance he became pale, his general condition deteriorated and there were signs of shock and exsanguination on arrival. The blood pressure could not be recorded : pulse rate was 130 beats per minute. Marked guarding and rigidity were present in the left hypochondrium and Ballance's sign was positive. Blood transfusion was commenced and because of a temporary shortage it included one pint of fresh blood volunteered by the patient's own Medical Officer. Three pints were given with improvement and at laparotomy, assisted by the same doctor, a ruptured spleen and haemoperitoneum were found. Splenectomy was performed and followed by a normal recovery.

Complete absence of trauma in rupture of a normal spleen is excessively rare and Orloff and Peskin (1958) could find only 28 cases of spontaneous rupture in the English literature. Many authors deny its existence (Wright and Prigot, 1939 ; Johnson, 1954) and maintain that a history of injury may always be obtained. Slight injury is easily overlooked, particularly when rupture is followed by delayed haemorrhage weeks or months later. Despite this, in a careful study Orloff and Peskin were convinced that spontaneous rupture occurred in their case and in 27 others from the literature ; it also appeared to be so in the following patient.

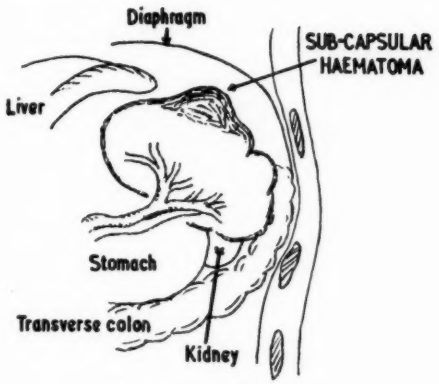
E.S., a collier of 45 years, gave a history that after working on a night shift he retired to bed for seven hours sleep. On waking he enjoyed a meal of stew but this was rapidly followed by acute abdominal pain and the desire to defaecate. During this action he collapsed and was transported to hospital. There was no history of injury that could be recalled. He was pale and shocked on arrival, with general abdominal guarding which was maximal in the left hypochondrium. A ruptured spleen was found at laparotomy and removed. Histological section confirmed normality and recovery was uneventful.

Types of Splenic Injury :

The degree of injury to the spleen may be minimal or severe but it is almost always serious. The following main types occur although various combinations are not infrequent :—

1. Hilar rupture
2. Pulp rupture
3. Fragmentation
4. Subscapular haematoma
5. Perisplenic haematoma

In hilar rupture and fragmentation haemorrhage is profuse and generally associated with severe trauma. There may not be such marked trauma in pulp rupture but haemorrhage is usually brisk. In some instances the splenic capsule exercises restraint on the underlying bleeding with the formation of a subcapsular haematoma. Occasionally there is conversion to a blood cyst or in intrasplenic haemorrhage, organisation of the



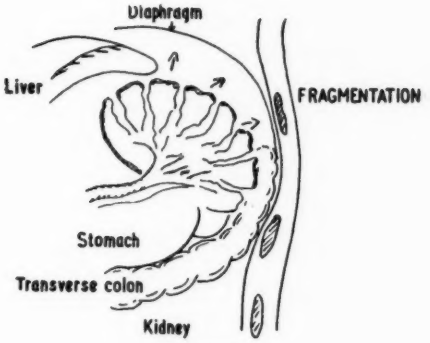
Sub-capsular haematoma

haematoma with the formation of a " fibrinous tumour," but the more usual course is eventual rupture. This is facilitated by interference with the capsular blood supply due to its elevation by the underlying clot. Minimal bleeding with an associated capsular tear may cause a perisplenic haematoma. The anatomical position of the spleen tends to localise such an effusion particularly when bleeding is slow. The diaphragm may be raised, the colon depressed and the stomach displaced, the whole collection becoming walled off by adhesions between alimentary tract and abdominal wall. This, in turn, may later rupture.

Effects of Injury :

The important sequelae are the result of blood loss. Free escape of blood into the peritoneal cavity usually accompanies hilar rupture, fragmentation and most cases of pulp rupture. Such immediate haemorrhage is more severe in the hilar type with its close proximity to large vessels than in some instances of pulp rupture where bleeding is more protracted. This is exemplified in the following cases.

A.T. was an adventurous young schoolboy of 12 years who, whilst exploring the face of a cliff, fell 50 to 60 feet to the seashore below. There was no loss of consciousness but considerable pain in the upper abdomen, particularly on the left side. He was pale and shocked on arrival in hospital with a blood pressure of 90/50 mms. Hg. and there was generalised abdominal guarding and rigidity. The 10th and 11th ribs were fractured on the left side. A diagnosis of ruptured spleen was confirmed at laparotomy,

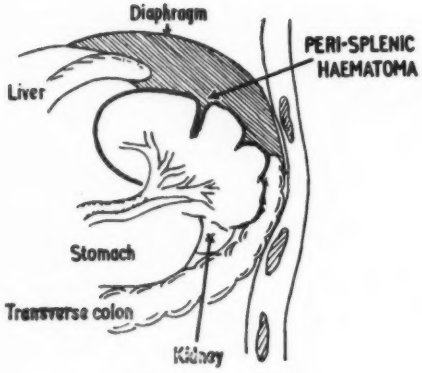


Fragmentation

when the peritoneal cavity was found to contain about two pints of fresh blood. Whilst closing the abdomen cardiac arrest occurred but sub-diaphragmatic massage was promptly instituted with success. He made a normal recovery except for a left-sided pneumothorax which did not require active treatment.

K.P. was a young boy of 15 years who, whilst climbing trees, fell about 15 feet on to his left side. He was aware of some pain in the upper and left part of his abdomen, but returned home. He carried on with his normal routine for about ten hours when, after defaecating, he felt weak and was transferred to hospital. The blood pressure on arrival was 90/65 mms. Hg. and pallor was a marked feature. Tenderness and guarding in the left hypochondrium were present together with some generalised rigidity. Splenectomy was undertaken for the rupture of a normal spleen. Convalescence was uneventful.

In subscapular and perisplenic haematomas bleeding may temporarily cease—the latent period—but later be followed by evidence of further blood loss. This delayed haemorrhage may be due to subsequent trauma disrupting the subscapular or perisplenic haematomas or unplugging a portion of omentum which had sealed the initial tear. In his classical paper on Delayed Haemorrhage following Traumatic Rupture of the Spleen in 1932, Sir Archibald McIndoe restricts this group to cases in which the latent period was at least 48 hours. In some instances the interval between trauma and obvious haemorrhage may be as long as six months, but it is commonly between the third and ninth day. Three in the present series fell into this category and the following



Peri-Splenic haematoma

case is indicative of the minor degree of trauma which may break down the tenuous adhesions engulfing the haematoma.

R.B. was a pharmacist of 25 years, who was admitted to hospital having been involved in a car accident and being concussed. He complained of no pain except from superficial lacerations of the occiput, left gluteal region and the anterior aspect of the right leg. He was conscious, his blood pressure was 110/90 mms. Hg. and there was no obvious pallor. Examination of the abdomen appeared normal. Six days later, after turning over suddenly in bed, there was a sudden onset of pallor, abdominal pain and guarding in the left hypochondrium. Immediate laparotomy for a ruptured spleen was followed by a normal post-operative recovery.

Clinical Features :

Males in general are more exposed to the risk of injury and all twelve cases occurred in this sex. Three were under 16 years of age, which suggests the recklessness of youth is a possible hazard.

The clinical features are related to the amount and rapidity of blood loss. Where the initial injury is severe, shock and exsanguination are usually apparent. A ruptured ectopic gestation is the most likely cause of sudden acute collapse and pallor in the female, but ruptured spleen should at once be considered in the male. Many of the features have already been described, but certain aspects require emphasis.

1. Associated injuries may mask a splenic rupture. The related physical signs may be attributed to fractured ribs, severe muscular contusion or even rupture of the left kidney. In the following case additional injuries overshadowed the ruptured spleen, and subsequent operative delay probably contributed to the patient's death.

G.L. was a labourer, aged 50 years, who was crushed between an overhead crane and a window sill at work. He suffered severe pain in the chest and abdomen, and his general condition on admission was extremely poor. The blood pressure was 70/0 mms. Hg. There were fractures of the 8th and 9th left ribs and of the right clavicle, together with surgical emphysema extending into the left axilla. Tenderness was present in the left loin, but there was no haematuria and only moderate guarding was noted in the left hypochondrium. Conservative treatment was adopted but, 24 hours later, further guarding and rigidity in the left hypochondrium together with abdominal distension indicated an intraperitoneal lesion. Laparotomy revealed a ruptured spleen, which was removed, but the patient died from respiratory causes 48 hours later.

2. Pain in the left hypochondrium was a constant feature in all patients. It is unfortunate that the presence of pain in the left shoulder (Kehr's sign) was not always recorded, but it is found in about 70 per cent of cases and may be produced by raising the foot of the bed for ten minutes with the patient lying supine (O'Connell, 1951).

3. Local guarding and rigidity were found in all cases and are most important physical signs. General abdominal tenderness, guarding and rigidity were found in only four cases and although a haemoperitoneum may be present it does not always progress sufficiently to produce generalised peritoneal irritation.

4. Ballance's sign of shifting dullness on the right side only due to a splenic haematoma was found in only one case. It may not have been elicited in all, but probably has only minimal value.

5. Throughout the latent period in cases of delayed rupture local tenderness and guarding persist. This is often difficult to differentiate from muscle spasm, particularly when associated with contusion or fractured ribs, but should be viewed with strong suspicion.

6. Delayed rupture may occur from extremely minor trauma. In one instance it was caused by an over-conscientious nurse who administered an enema ; in

another by the patient suddenly turning over in bed six days after injury, and Stretton (1926) records a case in a female who was five months pregnant where violent coitus had occurred two hours earlier. The clinical picture of rupture then differs in no way from the classical one of immediate haemorrhage.

Accessory Investigations :

Berman et al. (1957) have shown that a leucocytosis follows rupture of the spleen by blunt trauma. Where physical signs suggest the diagnosis a white cell count of 15,000 per cmm. or more is strong supportive evidence. Estimation of the haemoglobin is seldom of value in acute blood loss.

Radiography may help the diagnosis, the more important features being (*a*) increased tissue density in the left hypochondrium, (*b*) obliteration of the renal outline and psoas shadow, (*c*) elevation of the diaphragm, (*d*) downward displacement of the splenic flexure, and (*e*) displacement of the stomach to the right. There may also be evidence of gastric dilation, ileus or free fluid or of other pathology such as fractured ribs or pulmonary damage.

Management :

The only satisfactory treatment of a ruptured spleen is its removal. Resuscitative methods with blood replacement may be required initially but should be followed by early splenectomy. As in ectopic gestation, when the source of haemorrhage is removed there is often immediate improvement. When the diagnosis is in doubt accessory investigations may help and, if supportive, exploratory laparotomy should be undertaken because of the considerable risks from insidious or delayed haemorrhage.

An upper left paramedian incision, if necessary with a transverse extension, or a left subcostal incision may be employed. The more direct approach to the spleen by the latter route made it preferable in the majority of cases. The frequent finding of greater omentum in the left hypochondrium was a valuable pointer to the original source of haemorrhage. All portions of the spleen require to be removed to avoid later splenosis, when as many as 200-300 small masses of splenic tissues have been reported (Learmonth, 1951).

McIndoe (1932) suggests all cases of suspected rupture of the spleen should be kept at rest and under observation for at least 14 days. Earlier discharge may involve delayed haemorrhage under unfavourable circumstances with fatal results. Rupture after two weeks is unusual.

The incidence of complications following splenectomy is reported as high. Atelectasis, pneumonia, mesenteric thrombosis, adynamic ileus, pancreatic fistula and wound dehiscence as well as the complications of any major operative procedure—phlebothrombosis, pulmonary embolism and wound sepsis—are considered more frequent when the spleen is removed. Both pulmonary complications and mesenteric thrombosis occurred in the present series, but were the result of the initial trauma, either fracture of the ribs or division of the mesentery, and did not follow splenectomy alone. The one case of wound disruption is not significant. Cardiac arrest successfully treated by massage occurred in one instance, but is not specifically related to splenectomy. The complications may be minimised by avoiding pancreatic damage at operation through adequate exposure and careful technique. There were two deaths in the present series but in both severe associated injuries contributed to this mortality. In uncomplicated splenic rupture all patients survived surgery.

Conclusions and Summary

Rupture of the normal spleen may be followed by immediate or delayed haemorrhage. In either instance the effects are severe and if treatment withheld the result is usually fatal. The initial trauma may be severe and the diagnosis obvious but occasionally associated injuries overshadow the splenic rupture. When in doubt exploratory laparotomy should be performed, particularly if the diagnosis is supported by a leucocytosis of 15,000 or more, as undue delay may give fatal results. Even when the original injury is appararently slight, rupture and severe bleeding may follow, and it is the most likely cause of haemoperitoneum in the male. Minor trauma may also cause delayed haemorrhage and the initial injury be forgotten, no doubt the most frequent reason for " spontaneous rupture." During the latent period persistent pain and tenderness in the left hypochondrium are important and additional information may be obtained by radiology. Splenectomy, with adequate exposure to avoid pancreatic injury, and the removal of all fragments to prevent splenosis,

are essential. A study of 12 cases with personal experience of seven has served to emphasise the importance of early diagnosis thereby allowing prompt and efficient surgery which in the uncomplicated case should be followed by a negligible mortality.

I am grateful to Mr. Evan Griffiths, F.R.C.S., for permission to include two patients who came under his care, and to Mr. N. K. Harrison, of the Photographic Department at St. Bartholomew's Hospital, for the illustrations.

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SUMMARY OF TWELVE CASES OF RUPTURED SPLEEN

	Age	*Sex*	*Type of Trauma*	*Associated Injury*	*Period of Haemorrhage*	*Result*	*Complication*
Q.	18	M	Minimal	None	Delayed	Alive	Nil
P.	15	M	Moderate	None	Immediate	Alive	Nil
B.	25	M	Moderate	None	Delayed	Alive	Nil
T.	12	M	Severe	Fractured Ribs Pneumothorax	Immediate	Alive	Cardiac Arrest
L.	50	M	Severe	Fractured Ribs Surgical Emphysema	Immediate	Died	—
W.	50	M	Severe	Mesenteric Thrombosis Fractured Femur	Immediate	Died	—
B.	9	M	Minimal	None	Immediate	Alive	Nil
S.	45	M	None	None	Immediate	Alive	Nil
H.	40	M	Severe	Fractured Left Humerus	Immediate	Alive	Wound Disruption
R.	23	M	Moderate	None	Immediate	Alive	Nil
J.	38	M	Severe	Partial Rupture of Left Kidney Fractured Left Humerus	Delayed	Alive	Nil
T.	22	M	Severe	Partial Rupture of Left Kidney	Immediate	Alive	Nil

The Students' Questionnaire

by E. A. J. ALMENT

In December 1957, all students at the Hospital were invited to complete a questionnaire containing 58 questions including some 300 alternatives. The purposes of the inquiry were to discover the students' ambitions with regard to a career, their views on possible emigration, and their opinions on some teaching and Journal topics, and to relate these to detailed information about their social, domestic, economic and educational background. None of the Journal sub-committee who undertook this work had previous experience in this field and the great deal of study necessary in connection with the analysis of the results has been the chief cause of delay in publishing the findings.

The copies of the questionnaire were distributed by a team of students, each representing a firm or group, who checked carefully that every student received one. The completed questionnaires were then returned anonymously into a box in the Hospital Library so that all means of identification would be lost. It had been decided that the alternative method of identifying each individual for the purpose of a later follow-up investigation might create reticence in the subjects, especially as some of the questions were of a personal nature. It is perhaps significant that in fact these questions were answered as often as the more general ones.

The questionnaire met with a very good response: 171 out of 212 (80.7 per cent) pre-clinical and 206 out of 239 (86.1 per cent) clinical students returned their copies. This initial study deals with the answers as a whole or from the first analysis by sex and by pre-clinical and clinical groups. A more detailed analysis with all relevant correlations has been made and will be published as six further articles:

1. The social, economic and educational background of the student.
2. The student's view of General Practice.
3. The student's view of Specialist Practice.
4. The student's view of emigration.
5. The special views of the woman student.
6. The student's view of educational and Journal topics.

Finally it is proposed to collect and publish the whole, together with a copy of the questionnaire, in booklet form.

THE INITIAL STUDY

Only in certain answers was a marked difference between pre-clinical and clinical groups noticed. There was also only occasional variation between the male (317, or 84 per cent) and female (60, or 16 per cent) groups. These differences will be indicated where they are marked; otherwise the study refers to the answers as a whole, and the figures given are usually percentages. ALL PERCENTAGES GIVEN RELATE TO THE NUMBER ANSWERING THE RELEVANT QUESTION, NOT TO THE TOTAL.

Education

50 per cent first became interested in medicine as a possible career before the age of 14 (14 per cent under age 8!), and 50 per cent had decided upon medicine as a career by the age of 16. This early determination may be related to a medical family tradition, for 34 per cent had a doctor father. Amongst males there were two general practitioner fathers to one specialist, whilst the females' fathers were equally divided. (Is it possible that the luxury of entering a daughter in medicine is easier for the specialist?) 17 per cent had a mother who was a doctor or nurse, 12 per cent an elder brother or sister, and 33 per cent a grandparent, uncle or aunt in the profession.

Factors influencing the decision to become a doctor were many and varied (40 in all). A striking comparison is that humanitarian reasons were the most important for the largest number (15 per cent) and the good financial prospects of a medical career were preferred by none. Interest in science claimed second place (11 per cent), and was more important to males (13 per cent) than to females (6 per cent). Conversely, the prospect of meeting people from all walks of life was more important to

females (17 per cent) than males (7 per cent). The influence of upbringing in a medical household was acknowledged by 10 per cent. Amongst the many other prime factors given could be detected humour: "Pre-occupation with death", insight: "Power", and frankness: "Couldn't think of anything better". If they had the opportunity of choosing their career again, 87 per cent indicated that they would still choose medicine.

Schooling was for the majority, 61 per cent, at a public school, and for 31 per cent at a grammar school. Specialisation in science began before taking School Certificate or G.C.E. for 39 per cent and after leaving school for only 12 per cent. After leaving school and before starting medicine 22 per cent studied a non-medical subject for 6 months or more, took a job for the same period, or did National Service. Only males, of course (13 per cent) did the latter. The total University ratio was as follows: London 76 per cent; Cambridge 18 per cent; Oxford 5 per cent; Others 1 per cent, and London University claimed 73 per cent of males and 92 per cent of females. At university, academic science was studied for one or more years by 17 per cent, with a strong predominance of males (20 per cent) over females (5 per cent).

Entry to Bart's

Family associations with the Hospital were the most important reason for 23 per cent. This is related to the high proportion of students who had a parent or close relative who trained at Bart's or was on the staff, as a doctor (24 per cent) or a nurse (7 per cent). 16 per cent based their choice upon the teaching facilities and reputation, 15 per cent came to Bart's because it was the first hospital at which they were accepted, and 14 per cent because of the hospital's professional reputation. If entry to Bart's had not been possible, the other London teaching hospitals were indicated as second choice in the following order: St. Thomas's 27 per cent: Guy's 25 per cent; Middlesex 10 per cent; St. Mary's 8 per cent; The London 6 per cent; University College Hospital 5 per cent, etc. Perhaps it is indicative of the chivalry shown by the male medical student that only 2 females chose the Royal Free Hospital as their alternative.

Stage of training and domicile

The proportion of pre-clinical students in the survey was 46 per cent and the greatest numbers were in the 3rd pre-clinical year (19 per cent) and the 1st clinical year (21 per cent). The great majority, 91 per cent (95 per cent women and 90 per cent of men), were citizens of Great Britain and a further 6 per cent came from other parts of the Commonwealth. The majority had spent most of their lives in cities (31 per cent) or towns (42 per cent) and almost half in the south of England, with an even distribution elsewhere in England, Scotland and Wales. During their time at Bart's 30 per cent lived at home or with relatives. Comparison of the pre-clinical and clinical groups showed that whilst none of the former, of course, lived in College Hall, nearly half (46 per cent) lived at home or with relatives. Of clinical students, 40 per cent lived in College Hall and a smaller proportion of the remainder, only 18 per cent, with parents or relatives. One man and 4 women did not disclose their domestic arrangements.

Economic factors

The majority of students were aided by grant or scholarship, with a greater proportion of males (65 per cent) than females (59 per cent). The majority of aided students received under £200 per annum and only a sixth were awarded over £300 per annum. Study of the *total* annual income including grant or scholarship, other amounts for tuition and also for board and lodging, showed that just 50 per cent of students have less than £350 per annum, with the males (48 per cent under £350 presumably buying drinks for the females (59 per cent under £350). After qualifying 60 students (16 per cent) expected a private income of over £100 per annum.

Marital status

At the time of answering the questionnaire marriage had claimed 22 students (only 3 pre-clinical), of whom seven already had a family, and a further 37 (5 female) were engaged. Less than half of marriages or engagements were to medical students, doctors, or nurses. Amongst the unmarried majority 138 (39 per cent) said they were postponing marriage for financial, ambitious, or other reasons. 14 males (and no females) firmly wished to remain single; nine of these in spite of having, as clinical students, presumably encountered Bart's nurses!

Politics

Medicine is, of course, a profession above party politics. However, all but 18 per cent favoured some party and the result of the poll was as follows:

Conservatives: 213 (57 per cent);
Liberals: 42 (11 per cent);
Labour: 37 (10 per cent);
Others: 14 (4 per cent)

giving the present Government a clear majority.

Choice of career

In the broad choice between general and specialist practice 30 per cent preferred the former, with a higher proportion of females (37 per cent) than males (28 per cent). However, only 9 per cent were definitely decided at the time of answering the questionnaire with a further 43 per cent strongly inclined, the pre-clinical and clinical groups showing the same proportions. One might have expected this important decision to have been made by more of the senior group. It is clear that the undecided student continues to defer such a decision, because those who had not definitely decided between general and specialist practice were asked when they expected to have chosen. Of the pre-clinicals 79 per cent thought they would have decided by the time they had qualified, 19 per cent by the end of the pre-registration year, and 2 per cent by the end of their National Service, whilst the proportions were 25 per cent, 54 per cent, and 21 per cent respectively of the clinical group.

The factors determining the choice between general and specialist practice, and between types of specialisation, will be dealt with in detail in the articles devoted to each of these subjects. The main facts emerging can be summarised as follows:

1. 60 per cent of general practitioners' offspring would prefer general practice, compared with 30 per cent of specialists' offspring and 20 per cent of students without medical parents.

2. General medicine and psychiatry tied as the subjects most interesting to students. Geriatrics, radiology, venereology and industrial health interested no-one the most.

3. The three main reasons inclining students towards general practice were: responsibility for the health of individuals from birth onwards; the diagnosis and treatment of a greater variety of complaints, and: too much competition and uncertainty of becoming a consultant.

4. By far the most important reason inclining students towards specialist practice was that it appeared to offer more time for the diagnosis and treatment of each patient.

5. Of the different types of general practice, group practice appealed to 48 per cent, a small partnership to 39 per cent, and a single-handed practice to 13 per cent.

6. The most popular area of choice for general practice was the South (47 per cent) or West (19 per cent) of England.

7. 20 per cent of students already had an opportunity to join a particular general practice.

Emigration

One of the main purposes of the questionnaire was to discover the attitude of the student to emigration and this is also the subject of a special article. In fact no less than 240 students (66 per cent) had seriously considered this possibility. Of these 10 per cent had decided against and 11 per cent for emigrating, 55 per cent were postponing their decision and 24 per cent remained undecided. All students were asked to indicate which would be their country of choice if they were to emigrate. Canada (30 per cent) was most popular with New Zealand (16 per cent) runner-up. 8 per cent preferred the U.S.A. 13 per cent had already visited the country of their choice.

Many reasons for wishing to emigrate were suggested, and the two indicated as most important were the better financial prospects and standard of living (29 per cent) and the desire for travel and adventure (18 per cent). For one third of the students it was family ties that prevented them from emigrating or considering this possibility.

Teaching

Students were asked which subjects (of those they had studied) they considered best and worst taught in their curriculum. The analysis of their replies is presented in another article, but in general these showed wide differences of opinion and changes of opinion trends in the light of later experience. Certain subjects which lend themselves to systematic teaching and are covered in courses of tutorial lectures, such as Pharmacology and Midwifery seem to be most popular. Rightly or wrongly the stu-

dent still regards intensive and systematic teaching as good teaching.

The majority (79 per cent) favoured an individual tutorial system as part of the teaching programme and a smaller majority (61 per cent) seemed in favour of total or partial integration of the "vertical" type in their training. A very large proportion (83 per cent) felt that more instruction in general practice was needed and this strongly reinforces the impression that, while the experience of upbringing in general practice makes a student willing to enter this field of medicine, the training he and his less-informed fellows receive is inadequate to make them feel ready for the type of work which inevitably will claim a large proportion.

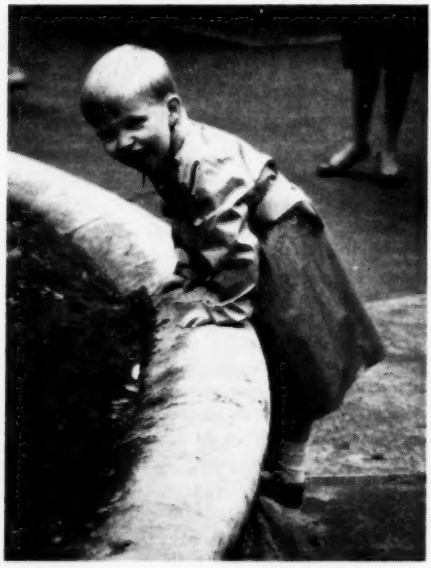
Acknowledgments

The Questionnaire Sub-committee of the Journal Publication Committee was composed originally of Mr. J. S. Price, Mr. J. T. Silverstone, Mr. G. K. Wright and Mr. E. A. J. Alment, and later included Miss A-M. E. Macdonald, Mr. J. D. Scobie and Mr. P. J. Watkins. Mr. M. P. Curwen has given a great deal of general and statistical advice at all stages and the analysis of the replies, for which punch cards were used, has been carried out by Mr. J. P. Mandeville's Tabulating Research Service. The cost of the study has been met by the generosity of the following benefactors:

A. Wander Ltd., Ciba Laboratories, Parke Davis & Co. Ltd., British Drug Houses and the Wellcome Foundation.

Finally, the outcome has depended on the willing and serious co-operation of all those students who completed a long and exacting questionnaire and so provided this anonymous corporate shadow of their living selves.

View Day 1960



Sir James Patterson-Ross talking to View Day visitors while Stephen Hobday studies the goldfish

Eighty Years of Marksmanship

by A. M. WARD

The history of the St. Bartholomew's Hospital Rifle Club is rather obscure in its early days, as most of the contemporary records have been destroyed. The Editor of the Journal, in August 1894, regretted that the rifle club was no longer active, and expressed the hope that the club would again compete at Bisley in the coming season. He also noted that the United Hospitals Rifle Cup was one that seldom, if ever, visited the Hospital. Perhaps the main reason for the abeyance of the club at this time was the absence of proficient Volunteers, a necessary qualification for all competitors at Bisley.

The National Rifle Association records enable the club to be traced back to 1881, when the United Hospitals Cup was first presented. The club seems to have had little success in this competition at Wimbledon, during which time Snider and Martini-Henry rifles were used. In 1890, however, the competition was moved to the new ranges at Bisley, and the club was placed second to St. Thomas's by the narrow margin of 3 points.

Small-bore shooting started in October 1894, when a shooting club was established at the Headquarters of the Volunteer Staff Medical Corps in Charterhouse Square. The Corps had their own range and the club was supplementary to the Amalgamated Clubs. The club remained under the auspices of the V.S.M.C. until applying to join the Amalgamated Clubs in April 1895.

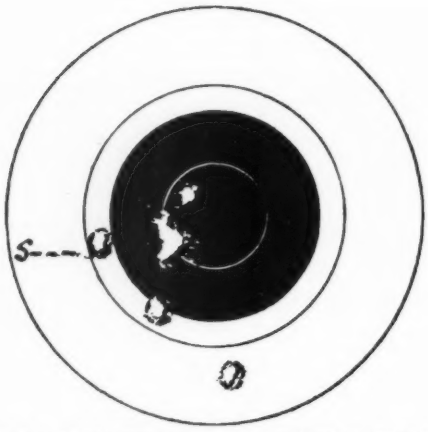
1897 saw another change in rifles, the bolt action Lee Enfield being used in competition, and with this new rifle the club was again placed second in the United Hospitals Cup, for the first time since 1890.

The objects and programme of the Club were laid down in September 1899, these being to promote marksmanship among the students of the Hospital, to shoot matches against other Hospitals, and to compete in the United Hospitals Cup at Bisley. Shooting commenced at the beginning of the summer session with practices at Runnymede range, and matches were held once or twice a week, a prize meeting being held in July. At the A.G.M. for that year Mr. H. J. Waring was elected President of the club. During the next year Silver Spoon Competitions were held at regular intervals, and the club competed in the first United Hospitals Prize Meeting for the Armitage Cup. With the advent of the South African War, students were told that it was their duty to familiarise themselves with the rifle, and that all should join the Rifle Club, and the Volunteer Corps.

The Journal sent a non-shooting reporter to the Prize Meeting in July 1901, and his report speaks of the loud squelch of the dum-dum bullet as it reached the soft clay of the butt. He further noted that several of the targets were scarcely damaged and that the markers were saved any ill-advised effort in the heat of the day! Despite this seemingly adverse comment on the standard of marksmanship of the large entry, there was one highest possible score at 600 yards.

The first recorded success of the club is in 1902, with a victory in the United Hospitals Cup, this being gained at the expense of St. Thomas's, who lost the Cup on a count-out, both teams scoring 226. The first success in the Armitage Cup was not gained until 1905, when the club lead from the beginning of the first stage, and were never displaced from their position.

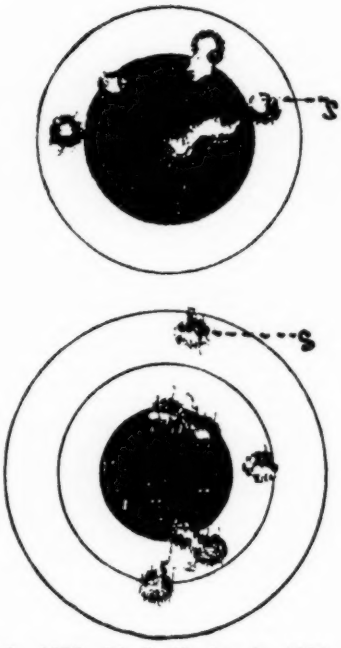
The activities of the club received a boost with the opening, on May 4th, 1908, of the Miniature Rifle Range in the Hospital by Lord Ludlow, the Hospital Treasurer. After a preliminary ceremony in the Abernethian Room, Lord and Lady Ludlow, accompanied by Dr. Herrington, the President of the Students Union, Mr. Waring and various other officers adjourned to the range, where His Lordship followed Queen Victoria's example by scoring a bull with the ceremonial shot which was fired to declare the range open. On his return to the Abernethian Room, Lord Ludlow spoke of the benefits to be gained by proficiency with the rifle, and expressed a hope that good use would be made of the range. Mr. Waring, in his reply, spoke of the great advantage it would be to the resident staff and students who made up the rifle club to have a range in the hospital, and said "It teaches the medical man to be exact in all that he does". Lady Ludlow presented the club with a Challenge Trophy to be shot for on the range, this Cup is now the club's Small-bore Championship Cup. In the following year another trophy was presented to the club, for annual competition between the Staff and the Students.



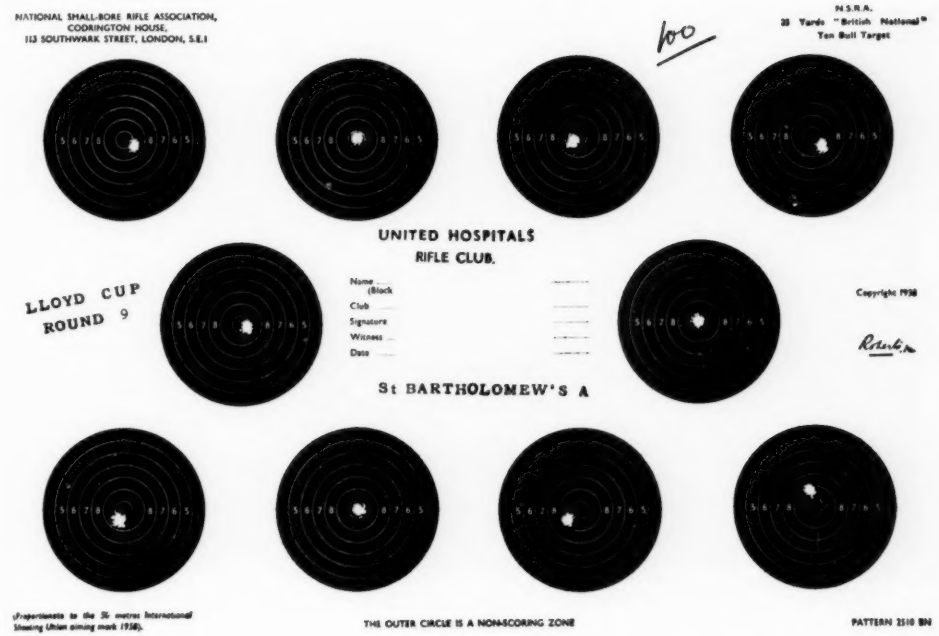
N.R.A. 25 yds. range targets proportional to 200; 600 and 500 yds. Used in staff and students match 1909. These are the earliest pattern known to have been used on the range

The First World War provided the club with another boost in membership, when the use of the rifle was again popularised. For the duration of the war there was no competitive shooting, but soldiers in the Hospital expressed their thanks to the club for being allowed the use of the range for a peaceful shoot during their convalescence. With the restart of shooting in the miniature range, ammunition was fixed at 1s. 3d. for 50 rounds, but later in 1920 this was increased to 1s. 8d., a price higher than that in force in 1937. The reason for this increase, or later decrease, is not clear unless it reflects a shortage of supply at this date.

The full-bore season of 1921 marked the beginning of an era of almost uninterrupted success for the club at Bisley, not only in team competitions, but also in individual competitions in the Imperial Meeting. Regulations were changed this year to allow the use of aperture sights and slings, and the club celebrated this with victory in the United Hospitals Cup. Mr. J. Elgood shot his way into the King's Hundred, this being the first recorded instance of a student member of the club getting into the final stage of the King's Prize. During the next twelve years, the club won the United Hospitals Cup seven times, in 1922, 1923, 1925, 1927, 1928, 1930, and 1932, and the Armitage Cup six times, in 1922, 1923, 1926, 1928, 1929, and 1930. J. Elgood was in the King's Hundred in 1922 and 1923—winning the Silver medal in the second stage; N. A. Jory in 1922; M. J. Harker in 1923, 1924, 1925 and 1927; F. T. J. Hobday in 1927, 1928, and 1929. In addition to all these successes various members of the club shot for their countries in the National Match and other Internationals almost too numerous to mention in full.



Small-bore shooting was started again in 1925, with the re-opening of the range, and in 1930 the rifles were renewed, and a number of shoulder-to-shoulder matches arranged. One of the club's Vickers Mk. III rifles was sold in 1931 and replaced by a B.S.A. pattern 15, then the latest pattern of small-bore match rifle, and still in use in the club. During the years that followed until the beginning of the Second World War, when shooting was brought to a halt, teams were entered in the City of London Leagues, University Intercollegiate Leagues, and United Hospitals Leagues. No great success was gained in the first of these leagues, but in the University and Hospitals Leagues the club was always to the forefront. The Lloyd Cup, Inter-Hospitals, League, was won in 1933 (thus remaining in its accustomed place in the library where it had stood since last competed for in 1911) 1934, 1935, and 1937; whilst the Engineers Cup, Intercollegiate League, was won in



N.S.R.A. British Indoor Target. Introduced in 1959, this pattern is still in use

1934 and 1936. During this time the only successes at Bisley were individual ones, G. A. Owen gaining a place in the King's Hundred in 1936.

The Second World War caused the longest break in the history of the club, shooting having finished in the summer of 1939, and was not started again until the winter of 1948. At the first post-war A.G.M. of the club Mr. H. Jackson Burrows was elected President and the club has continued under his guardian eye to the present time. Some difficulty was experienced in 1948 and 1949 in getting rifles back from their war-time home with the War Office, and ammunition was always scarce. For the first year the club had to find temporary range accommodation at the Cripplegate Institute until the hospital range was repaired and returned to its proper use in the autumn of 1949. Some more new rifles were bought in 1949, and these began to pave the way to more success, the Engineers Cup being won in 1950, as also was the Armitage at Bisley. During the ensuing years successes have been scattered in time and space, being both in the small-bore and full-bore spheres. The Lloyd Cup was won in 1952 and 1959, and the Armitage Cup in 1953 and 1957. In 1957 the club also became the University Champions in the first year that full-bore championships were held. Generally during this period the club has always been to the fore in university and hospitals shooting, and at various times has provided considerable proportions of University and United Hospitals Rifle VIII's. The period has been one of almost continual expansion, and over the last five years two new forms of shooting have been introduced, namely small-bore Pistol, and Standing and Kneeling, and in both of these the club has shown itself to be more than merely proficient. With the increase in standard and numbers shooting after the war, it may seem strange that one has to come to this period to find any record of the Staff beating the Students in their Annual Challenge Match for the E.B.I' Anson Cup. This trophy was presented in 1908 and was competed for annually, apart from certain breaks in the activity of the club, but it was first won by the Staff in 1951. In 1958 this match was transferred to Bisley from the miniature range, and again

Staff v. Students at Bisley

the Staff were victorious. Further successes during this period are individual ones, D. B. Lascelles getting into the King's Hundred in 1951 and G. R. Hobday in 1959.

As to the future of the club, one can only hope for further success. The closing of the miniature range, which has served the club so well for the past fifty years, is a blow to the club in its present form, but another range will be found in the near vicinity. It is to be hoped that the move to a foreign range will only be temporary.

Was My Face Red!

by P. E. Pym

The episode certainly jolted my self-esteem badly at the time, but it is so long ago since it happened that, although the details still stand out clearly in my mind, I now feel that I can recount the story with a reminiscent smile.

The advertisement in the "Locums Wanted" column indicated that the work would be light, but with "motor-cycle provided" there would be plenty of mileage and fresh air. So, having just finished a six month's Casualty job, I seized this offer of rest and relaxation in the heart of Suffolk.

By and large the advertisement lived up to its promise, except that no mention had been made of the fact that some fourteen or fifteen confinements were due during the month I was to be in charge. It was one of these confinements which provides the centre-piece of this anecdote.

One afternoon I was called to a cottage, miles from anywhere, where lived a farm labourer whose wife, nearly a month overdue, was at last in labour. On arrival I was confronted with a large fat woman in an enormous feather bed which occupied quite half the room. Taking up a large slice of what was left of of the floor space was another equally fat, and rather fearsome looking, woman who smothered the chair she sat on as she supped a mug of tea. Between sups I was given to understand that, although she was unqualified, she had been in on so many confinements that it was more

than likely that my services would not be required.

Having scrubbed up in water from a kettle which had been filled from the duck pond, the sole source of supply, I went through the motions of an ante-natal examination. But the fat defeated me, and I was no wiser at the end of it all. It was, however, some comfort to discover that this was her fourth child, and that the pains were still infrequent and in front. With words of reassurance and a few sedative tablets I asked them to let me know as soon as there were signs of progress, and left them to it.

Rather to my surprise, I was not called for during the night. Had the midwife's prediction been fulfilled? Whatever hopes I may have had on that score quickly disappeared when I arrived at the cottage. My tablets had failed to give the household a restful night, and the pains were becoming more frequent and increasingly severe. By dint of some rough usage I managed to reach the cervix and was persuaded that it was still closed. A stronger dose of sedative and a promise to return at midday enabled me to escape gracefully.

After a morning round and a late lunch, I rode out once more to what was now becoming for me a scene of doubts and fears. A groan amounting to almost a bellow reached my ears as I walked up the garden path. Clinically, so far as I could make out, the situation was much the same, but domestically the atmosphere had become chill and tense. An aggressive warning from the midwife that, " after 36 hours of labour, it was high time that something was done " did nothing to help my peace of mind.

Taking a grip of myself, I tried to view the clinical picture dispassionately, to get a grasp and make up my mind what I was going to do. But the only reward for my efforts was an alarming vision of " Cross Lies." In vain I endeavoured to recall the teachings of the " Bishop " when faced with similar conditions. But again all that came to mind was his famous dictum, " Never interfere in a confinement until you think it is too late and you will just about be in time." I had little doubt that in this case that moment had now arrived, but with a cervix that refused to dilate such words of wisdom did not seem to offer much hope or scope.

An Ambulance Service or a Second Opinion would have solved the problem, but the former did not exist and the price of the latter was quite beyond the means of a farm labourer. Despite her vast experience, my helper had nothing constructive to offer.

In the midst of these cogitations there came the sound of heavy boots clumping up the wooden stairs. The husband had arrived. Under any other circumstances I would, I am sure, taken kindly to this gruff and burly son of toil. But the time was not propitious nor was the atmosphere congenial.

Fixing me with his eyes and without a word of greeting, he stabbed a gnarled and grubby forefinger in the direction of his wife. " If ur 'ad been a cow," he said, slowly and with emphasis, " Oi'd 'ave 'ad ur calf out on ur be now." Whereupon, perceiving that I was not disposed to argue the case, he turned on his heel and went downstairs again.

Slowly the hours dragged by, whilst from the bed came periodic sound effects which an injection of scopolamine and morphia had done little to subdue.

I was still grimly holding on, hoping against hope that at any minute something would start to happen, when suddenly promise of salvation arrived in the shape of an old worn and torn Model T. Ford, driven by the husband's boss. He had come to make enquiries.

Without stopping to consider the niceties of packing off a woman in labour on a 25 mile journey in an open car, I was down the stairs and asking him to undertake rescue operations before he had got out of his car. Certainly. He was, in fact, on his way to Norwich anyhow. With almost indecent haste we wrapped the patient in blankets, helped her downstairs and humped her into the back seat.

As I watched that Tin Lizzie, with its rear springs flattened by the combined weight of patient and midwife, disappear down the road in a cloud of dust, I heaved as big a sigh of relief as I shall ever heave.

Some hours later I was heading for an early bed when a call came through from the hospital. To my surprise I heard the voice of a friend of mine who, unbeknown to me, was doing the midder job there.

"Thought you might like to know your patient has arrived," he said.

"Everything all right? Everybody happy?" I asked, trying hard to keep any trace of anxiety out of my voice.

"Y-yes," he said, "except that they had to pull up by the roadside to mop up the mess when the baby was born."

We both laughed. But not in quite the same way.

Letters to the Editor

RHEUMATIC DISEASES

Sir,

As a Bart's man, I was delighted to read the symposium in the current number of the Journal.

As a member of "The Committee on Chronic Rheumatic Diseases", appointed by the President of the Royal College of Physicians, in 1934, and as a member of its Nomenclature Sub-Committee, I was most interested in your reference to it. I feel, as you do, that the classification that we advised at that time, does provide a basis for clinical work, and for research. Unfortunately our clinical pathological classification can only give a somewhat indistinct picture of the people who suffer from arthritis and rheumatism. Your annotation and the acceptance by the medical staff at Bart's of this subject for undergraduate teaching is a big step towards finding a solution for this big social and medical problem.

It is the medical student of today, and family doctor of tomorrow who must take a lead if those who suffer from these disorders are to be recognised and given early and proper management. Team work in the treatment of these people is essential, and I was delighted to read the article by my friend Miss Macindoe, the almoner.

At the end of August 1960, the Eighth World Congress of the International Society for the Welfare of Cripples is being held in New York City. We intend to form a Commission or Committee on Arthritis and Rheumatism, for the purpose of co-ordinating the different fields of activity, and creating a reference library. I should like to take this opportunity of extending a welcome to Dr. Balme, or to one of the physiotherapists, occupational therapists, or almoners, who work at the hospital, or to one of its senior medical students.

Yours sincerely,

FRANCIS BACH

1a Devonshire Place, W.1.

Sir,

I should like to congratulate you and the authors on the best, easily understood symposium on the Rheumatic Diseases that I have read for many years. Glynn, who is an expert on fundamental principles, has made these understandable to the less highbrow and Wykeham Balme has given you an article, I should have been happy to put my name to—the highest praise one individual can give to another—especially in a field where opinions can be so very different.

In 1952 I contributed, at a predecessor of yours request, "Some notes on the Rheumatic diseases", but since then there have been many advances. It is, however, of particular delight to have an article on this subject, which Bart's has sadly neglected, by someone on the staff of Bart's. After his recent trip to the States we shall expect to see Balme bringing Bart's into its proper place in this field, which has now become "quite respectable!" When I first interested myself in this line of country, Sir Francis Fraser, my boss on the Unit, asked me why I had decided to "prostitute my soul by associating myself with all the quacks in the universe". I must say, however, that after more consideration he gave me every support and encouragement.

I think Balme might go further than saying in gout "newer and more potent drugs

are on the way". Anturan is proved to be superior to benemid and zoxazolamine (flexin) runs it a close second in safely promoting uric acid excretion. Shortly the publication of a multi gold trial will give some further evidence to support the older clinicians that gold really does help a reasonable proportion of cases. His summing up of the steroid position is excellent—prednisolone or prednisone, which can be considered as the same, should be our sheet anchor where steroids are used—the newer ones are only for the less than 5 per cent "peculiar" cases. ACTH certainly often works when steroids fail and especially in systemic lupus. Some precautions for the use of steroids are worthy of mention. Prednisolone or prednisone, incidentally the cheapest of the steroids, should be given with food and crushed to reduce their "gastric" effect, but when there is a history of serious dyspepsia or ulceration, the enteric coated tablets, costing 1s. 3d. instead of 8d. for 5 mgms., should be employed. Some extra Vitamin C and potassium and a high protein diet is also helpful. This brings one to the use of anabolic hormones—male hormones with the minimum of maleness—and where the patient is exceedingly ill and is failing to react to steroids alone they may be the turning point in the condition. Durabolin is the best of these. Occasionally, however, when they are used in large doses and when ACTH is "pushed" oestrogens may have to be added to avoid acne in males or unfortunate male attributes in females.

Again may I say how much I appreciate your lucid and common sense articles on the rheumatic diseases.

Yours sincerely,
G. D. KERSLEY

6 The Circus,
Bath.

VISITING OTHER HOSPITALS

Sir,

Reading the Editorial in your April issue, I would like to support your plea for students to broaden their clinical outlook in attending lectures at other teaching hospitals.

You may know that in the pre-war years a scheme was in operation whereby students from Bart's, Guy's and St. Thomas' could attend each others clinical lectures. This was a most excellent arrangement and I availed myself frequently of the opportunity afforded to visit Guy's and St. Thomas' to hear some of the pundits at those hospitals. I am sure such a plan could well be introduced as I felt in pre-war days it was never exploited as much as it should have been.

May I in closing join with those correspondents in your April issue in saying how much I look forward to each issue of the Journal as it appears, they are fine productions.

Yours sincerely,
J. B. GURNEY SMITH

Royal Earlswood Hospital,
Redhill, Surrey.

THE PLAGUE AT ATHENS

Sir,

The account of the plague at Athens in 430 B.C. recounted by Thucydides in his history of the Peloponesian War—which was featured in the Historical Diagnosis in the February Journal—has been variously interpreted.

Noah Webster (1758-1843) is numbered among the many who have written on this subject, and his comments and interpretation are to be found in a letter written to Dr. William Currie of Philadelphia, dated October 30, 1797.

Webster, after careful correlation and consideration of the views of the medical and philosophical societies of the New England States, concluded that the plague was only the highest grade, or worst form, of Yellow Fever. After giving a translation of the account of the plague at Athens, he wrote:

"Let any man compare this account of the Athenian plague, with the symptoms of yellow fever, as described by Dr. Rush, Dr. Bailey, or Dr. Smith and deny, if he can, that the yellow fever of our country is the specific disease which Thucydides described more than 2000 years ago. Indeed, whatever small varieties the disease may exhibit in Asia, Africa, or America, it must be agreed, on all hands, that the principal symptoms of the plague and the yellow fever are the same. I shall therefore call the dis-

ease which has afflicted our sea ports the Plague—that being the technical term in common use to specify the worst form of bilious fever."

Webster wrote further on this subject in a letter dated November 2nd, 1797, also to Dr. Currie. In this he said that the account was of extreme value as the disease bore an exact resemblance to the yellow fever of the Eastern States.

It is, perhaps, relevant to point out that Webster had received no medical training. He graduated from Yale in 1778, and was admitted to the bar at Hartford in 1781. He practised law until 1793, when he took up journalism. During this later period he took it upon himself to inform the public about such facts and principles as were pertinent to the intelligent control of disease. He published "A collection of papers on the subject of Bilious Fever" in 1796, and "A brief history of Epidemic and Pestilential Diseases" in 1799.

Yours faithfully,
A. M. WARD

Abernethian Room.

HOGARTH MURALS

Sir,

Your article in the April Journal on the cleaning of the Hogarth murals, brings to our attention the grisailles below the main subjects. It is of interest to note Walter Thornbury's comment thereon in his "Old and New London" (published in the latter part of the 19th century): "There is also a picture of Rayer laying the first stone of the hospital, and a sick man being carried on a bier by monks, which is the work of some other hand." Unfortunately, he does not inform us who the artist was—perchance some other reader might know the answer?

Yours faithfully,
SYLVIA WATKINS

College Hall,
Charterhouse Square.

Sports News

VIEWPOINT

A new activity seems to have entered the sporting world of the Hospital, that of road walking. For the first time, Bart's entered a large "team", if it can be called such, for the United Hospitals London to Brighton Stroll. Whether the entrants took part for the honour of the Hospital, for something to do or merely with the thought of free Guinness at the other end, no one knows. But for some reason or other, the idea of about twenty-two hours of road slogging appealed to the imagination of well over fifty people, some athletes and many not. More than half our walkers reached Brighton, which was a very creditable effort, and although Guy's entered three times as many walkers, we were not far behind them on points. Perhaps next year even more people will take part from Bart's. This is an event for which everyone with two feet can enter, and no skill is required.

Success for the Men's Tennis Club. It has been mentioned that it has won its first U.H. Cup match since 1954. One hopes that this revival will continue.

CRICKET

1st XI v. U.C.H. Saturday April 30th. (Away). Won by 4 wkts.

U.C.H. won the toss and started to bat, but they were unable to gain the initiative from any of our bowlers and were eventually all out for 116. After tea, Pagan and Jeffreys together gave us a good start, but frivolous strokes by later batsmen enabled the opposition to capture six wickets before the game was eventually won.

U.C.H. 116 (Harvey 4-29, Harrison 3-10).
Bart's 117-6 (Pagan 34, Jeffreys 24).

1st XI v. Putney Eccentrics Sunday May 1st. At Chislehurst. Match Drawn.

After the start had been postponed until 1.30, Bart's opened their innings on a rather lively wicket, and Warr and Jeffreys did well to stay together until the worst had passed. Davies and Merry then came together and embarked on a partnership of 153 in 105 minutes, both batsmen scoring 76. After they were out Walker and Harvey kept the score moving and we were able to declare at tea with the score at 222 for 4.

Putney never looked like getting the runs, mainly due to fine bowling by Garrod and Harrison, but all chances offered were not accepted and we were not able to capture the tenth vital wicket before the close.

Bart's 222 for 4 dec. (J.D. Davies 76, R. T. G. Merry 76, H. R. J. Walker 31 not out).
Putney Eccentrics 174 for 9 (J. O. Garrod 3-24).

1st XI v. Wimbledon, Saturday May 7th (Away). Lost by 3 runs.

An exciting but rather disappointing game.

Wimbledon batted first on a very humid Saturday afternoon, and were soon in trouble against Garrod's swing bowling. After a good start Bart's never relaxed their stranglehold on the batsmen and Wimbledon were eventually all out for 97 runs. However over-confidence and an experiment with the batting order precipitated the worst display of batting seen for a long time and we were finally dismissed on a perfect pitch for 94, just four runs short of victory.

Wimbledon 97 (J. A. Garrod 2-16, J. A. Harvey 4-22).

Bart's 94 (H. R. J. Walker 27).

1st XI v. Hampstead. Sunday May 8th. (Away). Match drawn.

A very strong Hampstead XI batted first and by lunch had scored 155 for 3. After lunch our bowling and fielding improved considerably, and Hampstead found it difficult to keep the scoring rate up to the desired level. They eventually declared at 243 for 9, leaving us 3 hours to get the runs. Even though Warr gave us a fine start with a delightful innings, we lost our first four batsmen in reaching 50, and so decided to give up the chase. Stoodley and Jeffreys shared in a useful partnership of 70, which enabled us to play out time.

Hampstead 243 for 9 (J. Mocatta 110, J. A. Garrod 4-74).

Bart's 152 for 7 (B. J. Stoodley 49 not out, R. V. Jeffreys 46, A. C. Warr 26).

1st XI v. Romany, Sunday May 15th. At Chistlehurst. Won by 4 wkts.

Romany won the toss and decided to bat first. Most of our bowlers bowled well and were supported by keen, efficient fielding, but Harvey and Niven found the pitch especially responsive to their seamers and these two were largely instrumental in dismissing a powerful batting side for 177. Warr and Jeffreys shared in an opening stand of 63, but at this total three wickets fell and it was left to Abell, Harvey and Walker to knock off the remaining runs. This they did with very little trouble, so giving Bart's a convincing win over a very strong Romany side.

Romany 177 (Branston 46, J. A. Harvey 4-76, P. A. R. Niven 3-24).

Bart's 178 for 6. (A. C. Warr 46, J. D. Abell 41, J. A. Harvey 37 not out. H. R. J. Walker 21).

1st XI v. King's College "Maniacs", Sunday May 22. At Chislehurst. Match drawn.

King's College were put in to bat on a pudding. Again the main brunt of the bowling was borne by Harvey and Niven, but the fielding was not up to the usual high standard and King's were able to declare at 170 for 7. In trying to get the runs at the required rate most of our batsmen got themselves out after they had played themselves in and were going well. Thus we found that the chase had to be abandoned 10 minutes from the close, a rather unsatisfactory ending to an otherwise enjoyable game.

King's College 170 for 7 dec. (J. A. Harvey 3-50, P. Niven 2-61).

Bart's 147 for 7 (A. C. Warr 35, R. T. G. Merry 27, J. A. Harvey 25, J. D. Abell 23).

TENNIS

The season started with a series of trials at Charterhouse which produced very few new faces, and it is difficult to believe that there are not more players willing to support the hospital.

1st VI v. Clare College. At Cambridge—Lost 0—9

This was our first match of the season and, since four of our experienced players were not available, we could not provide serious opposition for their practiced side.

Team: C. A. McNeill (Capt.), P. D. Poore, M. C. Jennings, S. Rohli, D. Prosser, M. Penny.

1st VI v. London House. At Chislehurst—Drawn $4\frac{1}{2}$—$4\frac{1}{2}$

This was a very enjoyable afternoon's tennis. Our first pair and their second pair abandoned their rubber at one set all to avoid holding up everybody else, and the resulting draw was a satisfactory result.

Team: A. J. Gordon, J. H. Pennington, C. A. McNeill (Capt.), P. D. Poore, M. C. Jennings, S. Rohli

1st VI v. West Heath. At Croftway—Inconclusive.

We arrived for this evening match expecting it to rain at any minute. Their grass courts were very damp, and we used one of these and their two hard courts. We started fairly late and bad light soon stopped play, but not before Colin McNeill shattered his racket with yet another brilliant smash. We were very well entertained after the game, and look forward to our return match at Chislehurst on July 2nd.

Team: C. A. McNeill (Capt.), P. D. Poore, M. C. Jennings, K Davies, D Latham, A. J. Frank.

CUP MATCH v. LONDON HOSPITAL. At Chislehurst—won 9—0

We managed to field what was probably our strongest team, and won comfortably against a weak side. This is our first victory in a cup match since 1954 when we got as far as the semi-finals. With the exception of 1955, when we lost to Middlesex Hospital, we have drawn against Guy's, the eventual winners, every time. This year we hope to meet them in the semi-finals.

Team: D. A. Richards, J. H. Pennington, A. J. Gordon, A. T Seaton, C. A. McNeill (Capt.), M. C. Jennings.

LADIES' TENNIS

Cambridge Tour: May 27th-29th.

1st couple: P. Aldis, D. Layton.
2nd couple: E. Knight, A. Vartan (Capt.).
3rd couple: S. Cotton, J. Clarke.

On Friday two set off by train and four piled into a Morris minor with enough luggage to stock a dress shop, the team converging almost simultaneously on Newnham for the first match.

The clouds rolled away as we got on to the courts. The 3rd couple quickly defeated their opposite number and the 2nd followed suit. The 1st eventually won 6-8, 6-2, 8-6 after saving a set point, and Bart's finally won a fairly easy match 7-2.

On Saturday Homerton proved tougher oppo-

sition and each couple lost their first match in two straight sets. The 1st couple averted complete disaster by winning their next two matches, but all the others went to Homerton.

We had another sunny day for our match against Girton, which we won 6-3. The 2nd and 3rd couples defeated their opposite numbers and then rested while the 1st went to 3 sets and narrowly lost. The 3rd were playing well, defeating Girton's 2nd 6-1, and when victory had been consolidated we once more tucked into a large tea and then set off for home, feeling sunburnt and successful.

ATHLETICS

Sports Day 1960

100 *yds*: N. Burbidge, C. J. Richards, S. Harris 10.8 sec.
220 *yds*: N. Burbidge, C. Bridger, A. Knox. 24.4 sec.
440 *yds*: I. L. Macdonald, A. Knox, C. Bridger. 54.0 sec.
880 *yds*: I. L. Macdonald, P. Littlewood, A. A. Lewis. 2 min. 2.4 sec.
1 *Mile*: I. L. Macdonald, P. Littlewood, A. A. Lewis. 4 min. 31.4 sec.
3 *Miles*: P. Littlewood, A. A. Lewis, M. M. Orr, 15 min. 15.2 sec.
120 *yds. Hurdles*: M. J. G. Thomas, A. L. Houghton, M. S. Noble. 19.2sec.
Shot: J. E. Stevens, T. Herbert, C. J. Richards. 37 ft. ½ in.
Discus: T. Herbert, J. E. Stevens, C. J. Richards. 94 ft. 10 in.
Javelin: C. J. Richards, M. M. Orr, B. H. Gurry. 171 ft. 4½ in.
Long Jump: B. Marsh, N. Burbidge, D. Glover. 18 ft. 8 in.
High Jump: S. Harris, B. Marsh, B. Kasterliz. 5 ft. 2½ in.
4 x 220 *yds Relay*: Introductory Year; 2nd Year Preclinical; M.O.P.'s. and S.O.P.'s. 1 min 41.8 sec.
Housemen's 100 *yds*: Dead Heat: Dr. Lindop, Dr. Dowie, Dr. Pugh, Dr. Francis. 13.6 sec.
Egg & Spoon: J. Kirby, G. Western, M. Kirby.
Children's Race: J. Kirby, C. King, M. Kirby.
3-*Legged Race*: Miss D. Bishop and P. Littlewood.
Sack Race: J. Kirby, G. Western, M. Kirby.
Tug-of-War: Preclinicals beat Clinicals.

Inter Year Competition

Introductory Year: 80 points.
2nd Year Preclinicals: 58 points.
M.O.P.'s and S.O.P.'s: 48 points.
1st Time Clerks and Dressers: 39 points.
Dentists (one man): 21 points.
2nd Time Clerks and Dressers: 2 points.

The Kent Hughes Cross Country Cup was awarded to P. Littlewood who was the year's United Hospitals Cross Country Champion.

Chislehurst was a fine sight on Sports Day this year but there were few people present to enjoy it. Although there were only forty competitors, many events were closely contested. I. Macdonald ran extremely well, winning three races—all in good times—to win the President's Cup. N. Burbidge won two events and was second in one while C. J. Richards was placed in four events.

Nowadays forty competitors in a Hospital Sports is not a small number; with competitors entering two or three events each, the field does not seem too meagre. Six or seven years ago, however, there were many more competitors and spectators. The ever-increasing standard of athletics parallels the increasing luxury and comfort of civilisation: these two circumstances have limited athletics to a small section of the community who are either athletically talented, or prepared to endure the rigours of training.

Spectators have dwindled even more than competitors, so many now watch their Saturday sport from an armchair in front of the "box". Can we get more people to come to Sports Day? Is it possible to make it the athletic and social occasion it once was? These questions must be answered, for the money and work expended merit a better response than was seen this year.

Those who came to Chislehurst enjoyed themselves, both in the afternoon and at the dance in in the evening. The Athletics Club is very grateful to all who helped: the President of Sports Day, Dr. C. E. Francis and Mrs. Francis, the judges and time-keepers, the ladies who prepared tea, Mr. and Mrs. L. W. White and all who came down to watch or compete.

P.L.

BOAT CLUB

United Hospitals Bumping Races 1960

It is sometimes said that Bumping Races should not be held on the Thames because the river is wide enough to accommodate the more usual side-by-side rowing. This seems to disregard completely the very great pleasure that both oarsmen and spectators can derive from this peculiar form of racing. I am sure that anyone who took part in, or watched, the last two nights of the Bumps this year would agree with this and it would therefore be a great pity if they were to be discontinued on this count alone.

Bumping races cannot be rowed without some organisation, however, and the lack of this on the first night caused a certain amount of argument and ill-feeling. The second division was disrupted to such an extent that the final results do not indicate the true relative standard of any of the crews. Neither was the first division spared, since a misunderstanding about who exactly had entered necessitated a re-row of part of that division on the following night—Bart's being affected by this. By the second night all was well however, and the subsequent racing was very enjoyable.

It is, therefore, to be hoped that more people in the coming years will become interested in the Bumping races, for without support in *all* capacities, on the river and the bank, the Bumps cannot be organised efficiently and cannot therefore be expected to hold their place in the rowing calendar as the senior hospital event of the year. Bart's however, cannot be criticised in any way for we had four crews on the water—again more than any other hospital, and our support from the bank, which was very much appreciated, was constant, loud, and helpful throughout.

Results:

1*st VIII*: After a re-row, Bart's I technically bumped St. George's I who failed to appear at the correct time. Thereafter the crew rowed over finishing 5th.

2nd VIII: Bart's II were the victims of circumstance on the first night and were technically bumped by St. Mary's II. On the second night they were bumped by Bart's III and thereafter rowed over finishing 12th.

3rd or Gentlemen's VIII: Bart's III rowed over on the first night, bumped Bart's II on the second night and technically bumped Guy's II on the last night finishing 10th. Thus the 2nd and 3rd changed places over the course of the races.

4th or Rugger VIII: This crew was also affected by the first night and were technically and literally bumped by Westminster II. Thereafter they rowed over finishing 14th.

Crews:

	1st VIII	2nd VIII
Bow.	R. Knight	J. D. Hardy
2.	J. A. K. Bootes	P. C. Scriven
3.	A. I. Wilson	J. H. Pusey
4.	T. G. Hudson	R. G. Wilson
5.	J. J. D. Bartlett	D. D. Bodley-Scot
6.	N. E. Dudley	N. D. Whyatt
7.	D. E. L. King	R. B. Blake-James
Stroke,	W. S. Shand	K. M. Stephens
Cox.	N. D. L. Cougharn	K. Manchester

	Gentlemen's VIII	Rugger VIII
Bow.	Mr. J. K. Anderson	
2.	Mr. D. V. Jones	N. Smythe
3.	Mr. S. al-Khederi	R. Kowes
4.	Mr. R. S. Edmonson	T. Coltart
5.	Mr. R. France	M. Jennings
6.	Mr. G. M. Besser	P. Niven
7.	Mr. E. M. C. Ernst	R. Courtenay-Evans
Stroke,	Mr. J. G. Diamond	C. McNeill
		J. Morrison
Cox	Mr. G. L. Scott	G. Renn
Substitutes:	Mr. A. J. Miller	Substitutes: R. Merry
	Mr. B. Fisher	P. Caine
		N. Orr
		P. Bacon

Book Reviews

A GUIDE TO ORTHOPAEDICS by T. T. Stamm, M.B., B.S., F.R.C.S. **Published by Blackwell Scientific Publications, Oxford.** Pp. 115. Price 12s. 6d.

There appears to be a growing prevalance at the present time to attempt a separation of detail from generality in the specialist departments. This is partly achieved by this author who wisely states in his preface that the book has been written primarily for the orthopaedic auxiliary worker " to help the non-specialist to understand the orthopaedic wood as a whole without confusing the issues with too much detail about the individual trees." Providing the medically qualified reader bears this fact in mind, this monograph will make, by virtue of its lucidity of style and clarity of production, interesting and informative reading and serve as a most useful adjunct to the more orthodox and standard textbooks already available. Only 115 pages long, the reviewer, a notoriously slow reader, found it one long evening's easy reading.

However, on reflection, one is left with a feeling of frustration. There are many points which could be improved. So short a work might well be extended by another 50 or so pages to include more detail on the application of bandages and splints and much more than a casual paragraph should have been devoted to anti-tuberculous treatment. This latter made the more important by the excellent preceeding paragraph on the rehabilitation of these patients and the value of social medicine in this specialist field.

As regards production and planning, there is much to recommend. The graded approach from the skeleton as a whole through the joints, their infections and affections, to three chapters—one fifth of the whole—on the feet, gives not a small amount of coherence to such introductory reading.

This is a book which can be well recommended to all those beginning their out-patient appointments and also to those reading for finals or after finals, who want a brief reminder of the overall aims of orthopaedic medicine.

R.M.H.

DISEASES OF THE NOSE, THROAT AND EAR, a Handbook for Students and Practitioners, 7th edition, by I. Simson Hall, M.B.,Ch.B., F.R.C.P.E., F.R.C.S.E. Published by E. and S. Livingstone, Ltd. Price 21s.

The author introduced the first edition of this book by saying that: ". . . being designed to meet the needs of the busy practitioner and the student, it is strictly limited in its aim." In the preface to this, the 7th edition, he indicates that it is still "in proportion to the amount of time which this specialty is accorded in the medical curriculum", and this is indeed true, because it is a book quickly read, and absorbed, from cover to cover.

The book is divided into six sections which deal with the various regions which come under the headng of E.N.T. Each section is introduced by a chapter on anatomy which is far from satisfactory, because where the more complex regions (for example, middle and inner ear) are described, one is given only the vaguest impression and it is essential to consult larger textbooks if it is to be clearly understood. For this reason it would seem that the book would lose little if these chapters were omitted, and perhaps others expanded instead. One feels the same about the section on diseases of the lungs and oesophagus which is so brief that it is of very little value.

Another criticism which must be made is that in *every* section there are far too many *short* paragraphs describing, for example, tuberculosis, syphylis or neoplastic diseases. This means that there is much repetition, and also makes for unsatisfactory reading because the text changes from one subject to another in a succession which is far too rapid. It would probably have been better to cover each of these subjects in a separate chapter, which would give a much more cohesive picture of the disease process. Other subjects to which similar arguments are applicable are, for example, herpes, keratosis and atrophic diseases of mucous membranes, all of which appear several times.

Excellently covered are some of the commoner

ailments, notably otitis media, and also sinusitis and tonsilitis. Chapters describing some of the commoner operations and the various "endoscopies" are useful.

This edition is little different from the previous one, but some of the advances in steroid treatment and radiation therapy have been included.

P. J. W.

SYNOPSIS OF EAR, NOSE AND THROAT DISEASES by Ryan, Thornell and von Leden. **Published by Kimpton.** Pp. 369, 59 illustrations. Price 50s.

Faced with an ever-growing curriculum the medical student of today must welcome any book which gives a clear and concise account of diseases of the special departments. Such a work is the one under review, by three U.S.A. authors.

It does not purport to be a book of reference, and deliberately omits all descriptions of treatment and operations which should be undertaken only by a specialist.

Written somewhat on the lines of the familiar "Aids" series, it has excellent diagrams, and an ample description of the normal anatomy and physiology precedes the account of morbid conditions. The subject matter is well set out, and readable.

Of special interest to the practitioner is a chapter on headache often confused with sinusitis.

At the end of each chapter is a summary of the salient points.

Now for some criticisms. It is surprising to find no mention of calciferol or streptomycin in the treatment of lupus, and that radium therapy is still considered, albeit only as a last resort, in the treatment of recurrent nasal polypi, despite well recognised radiation hazards.

It must surely have been a proof reader's slip to pass the sentence "The discharge of allergic rhinitis is *usually always* bilateral."

But, these minor criticisms apart, this is an excellent symposium, and can be unreservedly recommended to students, nurses and general practitioners.

N.A.J.

ESSENTIALS OF ORTHOPAEDICS
by Philip Wiles, F.R.C.S.
3rd Edition. J. and A. Churchill Ltd. p. 576. Illust. 417. Price 70s.

The third edition of this deservedly popular textbook has been extensively revised, and in many places re-written but it has lost nothing of its previous character which stems from the author's readable and authoritarian style.

The sections which have been re-written vary from osteoclastoma to scoliosis, from spondylolisthesis to gout. The chapter on back pain, to which one is so often referred, has new matter under the heading "low back pain", and the re-written section on the anatomy and pathology of the intervertebral disc is most useful.

The addition of lists of suitable references for further reading is most welcome and the idea of placing these at the end of the book has much to recommend it.

New printing techniques have been used to improve the reproduction of radiographs. The results with figs. 108, 109 and 110 are disappointing. Perhaps new blocks can be found for the next edition. Apart from this lapse the illustrations are excellent.

This book fully merits the popularity it enjoys and the new edition will ensure its continuing success. We look forward to Mr. Wiles' volume on fractures with keen anticipation.

A.J.B.M.

SYNOPSIS OF OPHTHALMOLOGY by W. Havener. **Published by Henry Kimpton.** Price 50s.

This is a book which is welcome because it is right in length and weight for the busy general practitioner and for the interested undergraduate. It is well written, compact without being terse, well-balanced and seemingly unhurried in its composition.

Although rather expensive for its size, the book is beautifully produced, the paper is of high quality, the printing clear and the sections well set out. It is profusely illustrated, and this is important in ophthalmology where so much depends upon inspection. But hand drawings of fundus appearances are still better than photographs, even when taken by the latest special camera. For the more superficial parts of the eye, photography has proved highly successful.

The book commences with a comprehensive system of examination of the eye, and deals with ophthalmology from the point of view of the general practitioner rather than the student. It is, however, a disappointment that the appearance of the fundus in relation to systemic disease is only briefly covered. Thus, there are only four of the rather small pages dealing with the important topic of hypertensive retinopathy, and other systemic diseases producing retinal changes are rationed to two or three lines each.

Where the eye is treated as an entity in itself, the author is on happier ground, and the chapters on glaucoma and the treatment of eye injuries are particularly good. It is perhaps indicative of the author's treatment of his subject that the final chapter is entitled "Blindness is preventable." This is the main theme of the book, and from this admirable point of view it renders a valuable service.

The book may therefore be recommended to the general practitioner for the advice on treatment which it contains, and also to the student on account of its general soundness and brevity.

LECTURE NOTES ON OPHTHALMOLOGY.—by P. D. Trevor-Roper. **Published by Blackwell.** 94 pp. 76 figs. Price 12s. 6d.

This book has been written for the student market and there it meets the opposition of the current favourite, C. R. S. Jackson's book "The Eye in General Practice". Both cover the same ground in about the same amount of detail but Mr. Trevor-Roper's new book is 8s. 6d. cheaper and has three times as many illustrations—most of them very good. The styles of the texts are quite different. Jackson is more discussive, enjoyable reading, but, if you like your facts packed close, Trevor-Roper packs them closer than most, and arranges them more logically in chapters dealing with symptoms rather than structures. In this way he leaves out less than Jackson (who does not acknowledge, for example, the existence of nystagmus), but he also orientates his reader better towards dealing with patients, and, one hopes, examiners.

This an ideal book if you're in a no nonsense pre-finals frame of mind, but at 12s. 6d. it is worth buying much earlier than that.

D. G-M.

FUNDAMENTALS OF GYNAECOLOGY Samuel J. Behrman, John R. G. Gosling. **Published by Oxford University Press** 76s.

This book can be unreservedly recommended, particularly for the Student. Its beauty lies in the fact that it had been written by real teachers of the subject who have employed every artifice in putting across their material.

The text is lucid and instructive and in my opinion easier of retention than in many contemporary volumes, this having been the guiding aim.

Thus many of the chapters are of amplified lecture format with useful headings and lists, set early in front of the reader in order to impart perspective before discussion. This logical and ordered approach will appeal to the postgraduate as a sound foundation for more detailed reading.

The contents are set out in seven parts: Anatomic considerations, Menstrual and Endocrine considerations, The Inflammations (in which section, rather oddly, are included benign neoplasms and endometriosis) Malignant Neoplasms, Conditions relating to Conception, and finally a section on lower abdominal pain and pelvic pain and the principles of radiation treatment in Gynaecology.

There are many illustrations of gynaecological histopathology, and while their reproduction is only average and therefore disappointing in such a book as this, a novel means of identifying the components has been employed which represents a real advance in the teaching of histology.

Diagrams, drawings and charts are but part of the aids to understanding and therefore learning incorporated, and as they often permit of reproduction are all the more valuable. This is an introductory book of modest size, and in consequence details of therapy, and in particular surgical technique, are restricted. This is a pity as I am sure these authors would have illustrated the broad principles of the common gynaecological operations extremely well.

The student need have no fear that the contained material would be unacceptable to a British examiner on account of its trans-Atlantic origin. Similarity in outlook and practice seems surprisingly uniform, perhaps because the book excels in putting over the basic principles.

BRIAN MEASDAY.

SYNOPSIS OF GYNAECOLOGY by R. J. Crossen, D. W. Beacham and W. D. Beacham. St. Louis: C. V. Mosby & Co., London: Henry Kimpton Ltd. 340 pp. 106 Illust. Price 48s. 6d.

This is a luxurious synopsis indeed and could, with advantage, be re-titled as an "Introduction" to, or "Outline" of gynaecology. The price, as is usually the case with American books seems excessive and may well discourage students from purchasing it. Nevertheless this is a well executed and useful volume for the use of students who are embarking on their Midder and Gynae or who are approaching finals.

In the first part of the book the anatomy and physiology of the female pelvic organs are simply described in an easily assimilated style. A good account is then given of the techniques employed in a gynaecological examination with special reference to bimanual palpation.

In the second half of the book are described the disorders of the female pelvis classified under the organ affected and the pathological process involved. Symptomatology and treatment are simply described and references are given for further reading.

This slim volume slips readily into the pocket, and as one might expect the printing, illustrations and presentation are excellent.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND : A HISTORY by Zachary Cope. **Published by Anthony Blond, 1959.** Pp. xii, 353, illus. Price 63s.

It is strange that no substantial history of the Royal College of Surgeons has previously appeared, particularly as the well-kept records and other necessary materials have been available for this purpose. Possibly it awaited a person suitably equipped with a keen interest in historical research, and with the leisure required for sifting the masses of manuscript and printed documents extant. Sir Zachary Cope was requested by the President and Council to write this book, and he has accomplished a most difficult task in an admirable manner. He was faced by a mass of factual evidence, with gaps caused by the secret deliberations of the Council not being entered in the Minutes, and has endeavoured to produce a readable history containing factual examples.

Beginning with the separation in 1745 of the Company of Surgeons from the Barber-Surgeon's Company, we are presented with a connected history of the development of the Royal College of Surgeons of London, as it is named from 1800 to 1843, when its title was altered to " of England," and we are able to envisage the development of surgery during that period. All the great names in British surgery are featured, and we recognise numerous Bart's men who served the College in one way or another. John Abernethy, who introduced Richard Owen and Robert Willis to the College ; Edward Stanley, William Long, Sir William Lawrence, Thomas Wormald ; Luther Holden ; Sir James Paget, and a long line of distinguished surgeons, many of whom served as President. Possibly the historical interests of Sir James Paget, G. E. Gask and Sir D'Arcy Power inspired the current President of the College to encourage the publication of this study.

It is of interest to note the effect of medical legislation on the College, to recall the influence of the College on medical education, and to read of medical politics and the clashes of eminent figures so common in institutions of this nature. Most impressive is the development of the Royal College of Surgeons since the war, when the destruction of much of its property must have appalled the enthusiasts who had contributed so much to its development. Far from being disheartened, they have planned, and partially brought to fruition, extensions undreamed of in pre-war years, and the resultant College provides facilities for teaching and research inferior to none in this country.

Miss Jessie Dobson and Mr. W. R. LeFanu contribute chapters on John Hunter's Museum and the Library, respectively, and these are of particular interest and value. The College has derived great benefit from the possession of John Hunter's collection which has been extended and maintained as an invaluable teaching collection. The Library has suffered from lack of funds, insufficient staff and lack

of adequate space, yet has maintained its place as one of the outstanding medical libraries in the world. Mr. LeFanu relates its development, and provides details of its librarians, several of whom were pioneers in library administration. He does not mention his own prominent part in building up the Library under adverse conditions, and his influence on medical librarianship in general.

This well-illustrated volume will remain the standard source of information on the Royal College of Surgeons of England for many years to come, for who would face the task of repeating Sir Zachary's researches? They must form the basis for any future comprehensive study, and he is to be congratulated on the results of careful selection and condensation into a readable, authoritative history.

J.L.T.

EMERGENCIES IN MEDICAL PRACTICE

Edited by C. Allen Birch.

Published by Livingstone. 55s.

The popularity of this well-known book is demonstrated by the fact that it has reached its sixth edition since it was first published in 1948. This is due, no doubt, to the fact that it is full of practical information required almost daily by every hospital officer and active General Practitioner whether he is in one of the services or in civilian practice, at home or abroad. This edition maintains its original form and the author is to be congratulated that it has been enlarged by about sixty pages only, despite revision, re-arrangement and the addition of two new chapters and some useful appendices.

The subject matter is well set out and simply presented so that it is easy to understand at a glance. The list of chapters at the front of the book is a great help in finding information quickly, while the index which has been extended in this edition although fairly full, might be enlarged still further with advantage. The text not only includes a useful short chapter on the practioner's emergency bag, but also deals with the causes of accidents occurring as a result of medical procedure, well worth studying in view of the present tendency to litigation on medical matters. Emergencies of all kinds are covered under the appropriate headings. Looking through the new chapter on emergencies in Ear, Nose and Throat disease one is struck by the common occurrence in everyday practice of so much of the subject matter which seems to be typical of the remainder of the book. Publicity given to the risk of irradiation hazards at the present time has merited a new chapter on emergencies resulting from nuclear and allied radiations. This subject may be rather specialised in its general practical applicaton but is of obvious interest to all those in practice.

The appendices have been increased to supply additional data on administrative matters, mostly addresses of key health services centres that may be of use in emergencies—addresses usually available but not always in a place of easy reference.

This volume contains much useful information on medical problems, usually scattered through many text books, articles and pamphlets under different headings, here arranged in an easily readable book. It therefore becomes of considerable value to the final year student during his revision period. It should be read by all those going into practice as it will marshall knowledge already gained as a student and fill in numerous gaps. It should be within the reach of all those likely to encounter medical emergencies.

T. O. McKane.

SURGICAL NOTE-TAKING—a booklet for surgical dressers and clerks commencing clinical studies—by C.F.M. Sain and J. H. Louw. 5th edition. London: H. K. Lewis. 172 pp. 12s. 6d.

This book consists of a list of questions to be asked and the signs to be looked for as a guide to the student in history-taking and physical examination. The authors accentuate in their introduction that the "schemes" covered must be used only as a guide and should be modified according to the individual patient. The schemes are clearly presented.

W.M.K.

THE FINAL DIAGNOSIS

by Arthur Hailey.

Published by Michael Joseph, in association with Souvenir Press 15s.

Mr. Hailey's novel is a collection of dramas, taken from hospital and private life, carefully woven into an exciting story. His vivid characterisations—almost too real—leave little to the imagination. His style is flowing, and easy to read for those familiar with the intracies of hospital life, and with medical jargon. To others, the many detailed technicalities would prove trying in places; but perhaps this does not matter, as the chief moral of the tale is directed at members of the medical profession, to whom it is a book worth reading.

EPIDEMIC DISEASES.— by A. H. Gale, D.M., D.P.H. **Published by Penguin Books.** Price 3s. 6d.

This book throws a new light on the old subject of epidemic diseases, putting them into their true perspective on a histrocial basis, the importance of which is stressed in the introduction when the author quotes Trevelyan: "Besides the contemplation and study of the past for its own sake, there remains the second great value of history, namely the light it throws on the present." There can be few subjects to which this could better be applied, and for this reason, the book, although addressed primarily to laymen, has much to offer to medical men.

The chapters follow a general pattern in which the origins of disease are traced (a fascinating historical study), their pattern of development in subsequent years, and often the causes for their decline or disappearance are discussed. There are many mysteries connected with the disappearance of Plague, of sweating sickness (whose precise identity is not even certain) and more recently of encephalitis lethargica, to quote some examples. One of the disappointing features of the book is that too little time is devoted to these problems, and frequently one felt that the discussion had only just begun and could have been continued with profit. The chapters, on the whole, are rather too short for satisfactory continuity—but the whole book is quite short, and very quickly read. The last chapter of all is in effect a summary to

the whole, and consists of a most interesting survey of the rapidly changing pattern of epidemic diseases over the years, according to the social habits and customs, to public health and treatment, or even to the whims of the organism.

The appendix contains the Bill of Mortality for the Plague Year of 1665, and is followed by a useful bibliography and a reasonably comprehensive index. The text is liberally illustrated with graphs and figures.

Following the premature death of the author, the book has been edited by E. R. Hargreaves. If it is read during the study of fevers in the medical curriculum, the subject is made infinitely more interesting.

P.J.W.

STRONG AND ELWYN'S HUMAN NEURO-ANATOMY.—Ed. R. C. Treux. 4th Edition. **Baillière, Tindall and Cox Ltd. pp. 485. 80s.**

This beautifully printed, and excellently illustrated volume is aimed, according to the preface, largely at the American Pre-clinical student. It is, however, far too elaborate for his British counterpart and would be more appropriate for the Primary candidate.

The first 8 chapters are devoted to the general organisation, embryology and histology of the nervous system, with some interesting comparative references. The larger portion consists of a very detailed topographical account illustrated by a wealth of colour and black and white diagrams.

The subject matter is well arranged, and apart from a very few Americanisms and a highly erroneous diagram of the cavernous sinus on p. 88, can be thoroughly recommended for reference and further studies.

L.N.D.

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Aids to Biochemistry, by S. P. Datta and J. H. Ottaway. Published by Baillière, Tindall and Cox. 15s.

The final Diagnosis, by Arthur Hailey. Published by M. Joseph. 15s.

Home Guide for the Diabetic. Published by Iliffe & Sons. 3s.

Manuel of Surgery. Rose and Carless. 19th edition. Published by Baillière, Tindal and Cox. 84s.

Notes on Infant Feeding, by S. Graham and R. A. Shanks. Published by Livingstone. 4s. 6d.

Textbook of Otolaryngology, by D. D. De Weese and W. H. Saunders. Published by H. Kimpton. 65s.

A Synopsis of fevers and their Treatment, by J. H. Lawson. Published by Lloyd Luke. 10s.

Alfred Hospital Clinical Reports, Vol. 9, 1959. Published by the Alfred Hospital, Melbourne.

Principles of Bone X-ray Diagnosis, by George Simon. Published by Butterworths. 57s. 6d.

Aids to Forensic Pharmacy, by H. Fowler. Published by Baillière, Tindall and Cox. 12s. 6d.

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